"PSYCHIATRIC MORBIDITY AND COPING STRATEGIES AMONG SPOUSES OF ALCOHOL DEPENDENT MEN"

Dissertation submitted to

THE TAMIL NADU DR. M. G. R. MEDICAL UNIVERSITY

in partial fulfillment of the requirements for

M. D (PSYCHIATRY)

BRANCH XVIII

MADRAS MEDICAL COLLEGE,

CHENNAI

OCTOBER 2015

CERTIFICATE

This is to certify that the dissertation titled, **"PSYCHIATRIC MORBIDITY AND COPING STRATEGIES AMONG SPOUSES OF ALCOHOL DEPENDENT MEN"** is the bonafide work of **Dr. BHUVANESWARI.E**, submitted in partial fulfillment of the requirements for M.D. Branch – XVIII [Psychiatry] examination of The Tamilnadu Dr. M.G.R. Medical University, to be held in October 2015.

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CERTIFICATE OF GUIDE

This is to certify that the dissertation titled, **"PSYCHIATRIC MORBIDITY AND COPING STRATEGIES AMONG SPOUSES OF ALCOHOL DEPENDENT MEN"** is the original work of **Dr. BHUVANESWARI.E**, done under my guidance, submitted in partial fulfillment of the requirements for M.D. Branch – XVIII [Psychiatry] examination of The Tamilnadu Dr. M. G.R. Medical University, to be held in October 2015.

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DECLARATION

I, **Dr. BHUVANESWARI. E.**, solemnly declare that the dissertation titled, **"PSYCHIATRIC MORBIDITY AND COPING STRATEGIES AMONG SPOUSES OF ALCOHOL DEPENDENT MEN",** is a bonafide work done by me at the Institute of Mental Health, Chennai, during the period from August 2014-September 2014 under the guidance and supervision of **Dr. JEYAPRAKASH. R., M.D., D.P.M**, Professor of Psychiatry, Madras Medical College.

The dissertation is submitted to The Tamilnadu Dr. M. G. R. Medical University towards partial fulfillment of requirement for M.D. Branch XVIII [Psychiatry] examination.

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Dr. BHUVANESWARI.E.

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INSTITUTIONAL ETHICS COMMITTEE
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CERTIFICATE OF APPROVAL

To
Dr. E.Bhuvaneswari
Postgraduate M.D.(Psychiatry)
Madras Medical College
Chennai – 600 003.

Dear Dr. E.Bhuvaneswari,

The Institutional Ethics Committee has considered your request and approved your study titled **"Psychiatric morbidity and coping strategies among spouses of alcohol dependent men". No.16112014.**

The following members of Ethics Committee were present in the meeting held on 11.11.2014 conducted at Madras Medical College, Chennai-3.

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We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

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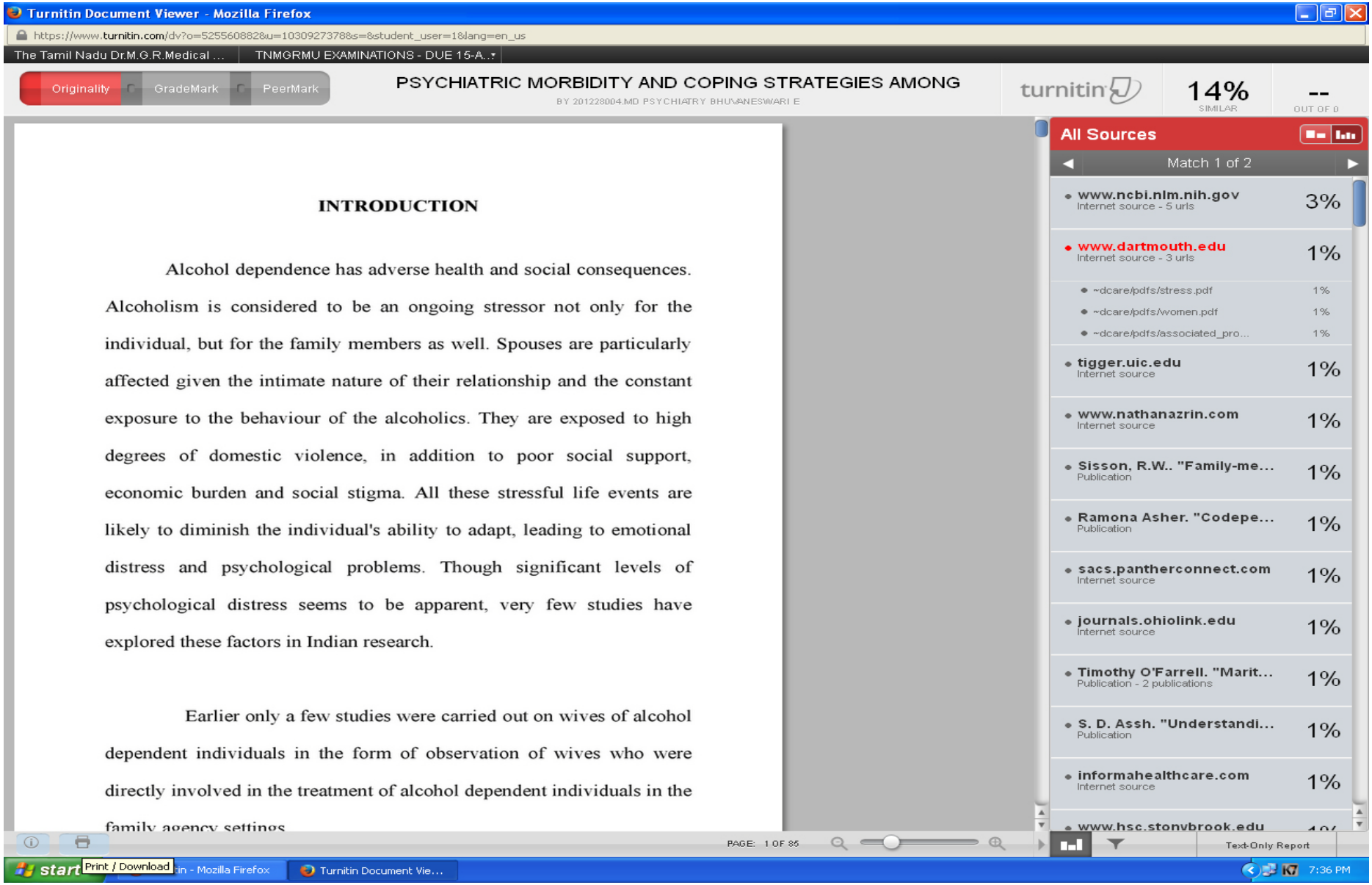
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Earlier only a few studies were carried out on wives of alcohol dependent individuals in the form of observation of wives who were directly involved in the treatment of alcohol dependent individuals in the family agency settings
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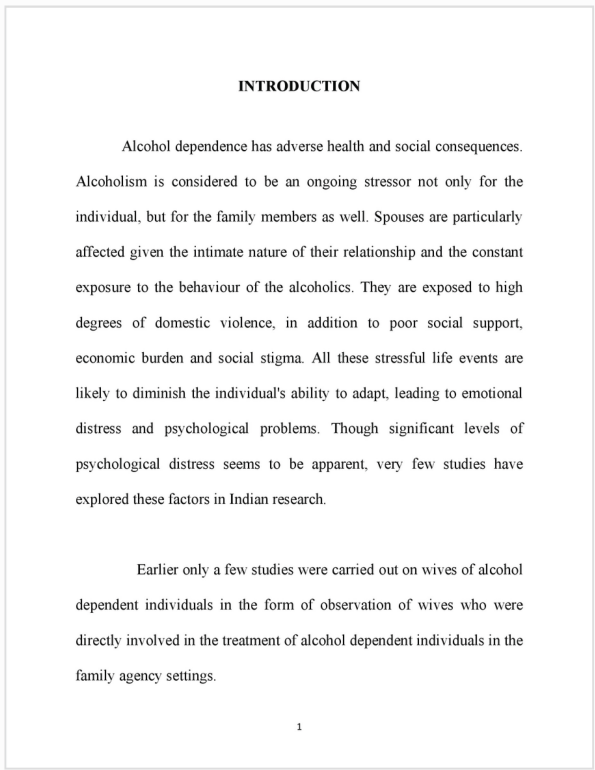

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Earlier only a few studies were carried out on wives of alcohol dependent individuals in the form of observation of wives who were directly involved in the treatment of alcohol dependent individuals in the family agency settings.

On this background, I intend to do this study, as understanding and addressing the mental health issues of spouses of alcoholics will not only reduce their burden, improve their coping skills and overall quality of life but is also likely to have a bearing on the treatment and outcome of alcohol dependent men.

REVIEW OF LITERATURE

Literature dating back to the mid - nineteenth and early 20th century reflects a moralistic view. Alcoholics were regarded as villains and families as victims. Approaches to assistance type cast the drinker as character defective and thus incorrigible. Helping efforts were geared toward other members of the family, wives and children (Bailey, 1963).

Early studies of the wives of alcoholics in a family agency setting described them as often equally as sick as their husbands with a need to dominate, to suffer, to punish, or to belittle their mates. (Fox, 1968)

Women are emotionally more open than men to the concerns of their loved ones and therefore experience more distress in events that occur to that person and are therefore more vulnerable (Kessler, et a1). This has been considered to be part of the chronic stress associated with the traditional role functioning of women. However apart from being providers of support (Belle, et al) it has been found that women resort to social support as a salient coping strategy to a much higher

degree than men (Defares, et al 1985). All these facts must be taken into consideration while intervention process of alcoholics and his family members are done.

To date efforts to understand and explain the experiences of wives of alcoholics have generated three different perspectives. The earliest published model (Futterman, 1953) called the "disturbed personality model" held the view that a woman who is in some way psychologically maladjusted dependent, hostile, domineering, masochistic and sadistic marries the alcoholic to fulfill her own neurotic needs.

In the 1950's a second model was proposed which stated that wives of alcoholic may display maladaptive behaviour in response to their husband's drinking (Jackson, 1954). According to this position the wives' pathological behaviour is an attempt to resolve the alcoholic crisis and to return the family to its former stability. The second model was called "stress model".

Consequently a third model called "psychosocial model" (Orford and Guthne, 1968) was evolved which stated that various other factors such as personality profile of an individual

and their interaction with the social background seemed to be important (Tyler and Schaffer, 1979).

An attempt is made to briefly review some of the important findings related to wives of alcoholics especially the emotional disturbance they are facing and the factors leading to it. For the purpose of the present review, the significant findings and observations are written as follows:

1. Personality of wives of alcoholics.
2. Coping behaviour in wives of alcoholics.
3. Stressful situations in wives of alcoholics.
4. Anxiety, Depression, Adjustment, Self-concept and Assertiveness in wives of alcoholics (wife's response).
5. Treatment.

PERSONALITY OF WIVES OF ALCOHOLICS

Lewis (1937) endeavored to link the wives personality to the husband's alcoholism. He believed that wives of alcohol dependent individuals found an outlet for aggressive impulses in their marital relationship with men who are dependent and force her to punish him. Both partners alternated between 'Masculine' and 'Feminine' roles.

Price (1945) after studying the personality of 20 wives of alcohol dependent individuals, concluded that they are basically dependent people who became hostile or aggressive towards their husbands on finding them also dependent.

Whalen (1953) placed wives of alcohol dependent individuals into four categories.

1. Suffering Susan: who, to punish herself, chooses a husband who would make her life miserable.
2. Controlling Catherine: who needed to dominate someone and choose a weak inept husband.
3. Wavering Winnifriend : who to be loved sought a weak inept husband who needed her desperately.

4. Punitive Polly : who needed an emasculated husband to control and punish.

Grubi, et al (1998) investigated the personality dimensions of 100 wives of men who were dependent on alcohol in comparison to 100 wives of men who did not consume alcohol and compared these two groups according to psychiatric treatment frequency. The result showed that the spouses of alcohol dependent men were less extroverted when compared to those who were not consuming alcohol. There were no differences in the neuroticism and psychoticism. Even before marriage, the personality of wives of alcohol dependent men, based on self assessment of their behaviour showed they were less extroverted. Moreover these wives were psychiatrically treated more often during their marriage when compared to the control group. Also it was found that the group of the wives of men who did not consume alcohol had fewer psychiatric treatments during their marriage than before the marriage. More psychiatric treatments during marriage of the wives of alcohol

dependent men can be considered significant based on the "stressed wife" theory.

In India Sathyanarayana Rao & Kuruvilla (1991) and Suman & Nagalakshmi (1993) have addressed certain issues like personality traits and neuroticism among the wives of alcoholics.

COPING IN ALCOHOLIC WIVES

Coping refers to both cognitive and behavioural strategies that can be used to deal with a stressful event. Coping has been studied in relation to how women learn to live with alcoholic husbands. While studying the determinants of coping behaviour one has to consider both intrinsic and extrinsic factors. Studies by Orford, et al. (1976) showed a strong correlation between various coping behaviours and alcoholic symptoms, hardship, job status, wife's age and neuroticism score.

One Indian study (Sathyanarayana Rao & Kuruvilla, 1992) based on a self report by the wives of alcoholics found

that discord, avoidance, indulgence and fearful withdrawal were the common coping behaviours and marital breakdown, taking special action, assertion and sexual withdrawal were the less used coping behaviours. This area needs to be researched, as majority of Indian marriages are traditionally arranged by elders of the family and the Indian women in general are described as submissive, timid, trustful, conservative, dependent and poised (Sathyanarayana Rao & Kuruvilla, 1991).

Avoidance as a coping behaviour was found to occur in a relatively higher frequency as endorsed by the wives. A correlation was found between all the components of coping and physiological and psychological problems related to alcohol use.

Jackson, J.A. (1954) outlined certain successive stages of family adjustment to alcoholism. Initially they denied there was a problem, then there was a complete disorganization after which attempts were made to reorganize in spite of the problem. When that was not successful, efforts to escape from the problem were tried at and finally reorganization of the whole

family including the alcoholic were undertaken. Jackson's stage theory may not be applicable to all alcoholic families (Lemert, 1960) disorganization of the family system and reorganization along other lines occur, to some extent in the majority of alcoholic families (Block, 1965).

James and Goldman (1971) found out that the wives used all sorts of coping, they themselves were more quarrelsome, they felt angry, they felt helplessness on other occasions, they adopted a strategy of withdrawing or avoiding the husband altogether, they had tried to get drunk themselves to show them what it was like or they had locked the husband out of the house.

Orford and Guthrie (1975)administered a coping with drinking questionnaire to the 19-60 years old wives of 100 males referred to the outpatient department of a psychiatric hospital because of a suspected drinking problem. Other measures included evaluations of husband's treatment outcome, husband's job status, the neuroticism scale of the Eysenck Personality Inventory, a 10-item symptom scale, and 10 item

hardship scale. Results indicate that high frequency coping behaviour is associated with a relatively poor treatment outcome, whatever the nature of coping behaviour used. The coping behaviour of the wives, as trying to withdraw or disengage from the marital bond (e.g.: avoidance, feeling frightened or seeking outside help)., was consistently associated with a poor outcome. Husband's job status was significantly negatively correlated with symptoms, hardship, and wife's neuroticism.

Like, Orford and Guthrie (1975),Tyler and Schaffer (1979) also predicted poor outcome for behaviours that suggested withdrawal or disengagement from marital bond. The elements are those of avoiding, refusing to talk, feeling helpless, refusing to sleep together, feeling frightened, making special financial arrangements, seeking special outside help and contemplating terminating the bond together.

Tyler and Schaffer (1979) conducted a study with a view to studying the degree of sobriety in male alcoholics and the coping styles used by their wives. The major hypothesis was

that, the wives' coping behaviour would be significantly related to the husband's drinking behaviour. The results showed that the coping strategies used by wives of alcoholics had an impact on the drinking outcome in their husbands. Those modes of coping in which the wives were able to express their emotions and feelings of distress, intolerance and frustration in a less threatening manner to their husband, their husbands were found to attain more periods of sobriety.

Chakravarthy, et al (1985) examined the coping behaviour of the wives of alcoholic men who were admitted into a therapeutic programme for giving up alcohol drinking. 46 samples, aged (22-43 years) were administered a questionnaire designed by J. Orford and S. Guthrie (1975) for measuring coping behaviour of alcoholics as well as Eysenck' s Personality Inventory . Demographic details were also collected . Ten styles of coping behaviour were used by all samples: discord, fearful withdrawal and avoidance were the styles used most. The combination of styles used by wives at a particular time

seemed dependent on the age, extroversion and neuroticism in the wife and the duration of the husband's drinking .

Rychtarik, et a1 (1988) studied situational assessment of alcohol-related coping skills in wives of alcoholics. He used a situation-specific inventory for his purpose, and it was administered to 45 middle aged wives of alcoholics. Generalisability analysis indicated that most of the variance in performance was accounted for by cross-situational differences among samples. Al-Anon experienced samples scored significantly higher than those with little or no Al-Anon experience. Situational assessment of alcohol related coping skills shows promise as a refined method for identifying specific skill deficits in wives of alcoholics.

Sathyanara Rao and Kuruvilla (1992) reported that the most common coping mechanisms adopted by the wives were discord, avoidance, indulgence and fearful withdrawal. They said, the husband's alcoholism in turn causes the coping behaviour of the wife. They also noted that wives reported that, when their husbands became violent and aggressive under

intoxication they quarreled with their husbands, tried to avoid them, expressed their anger and helplessness, pretended as if they were drunk, locked their husband outside their house and remained away from them for a short duration.

Simpson and Arroy Judrth used multiple regression analysis to predict alcohol related consequences and consumption from background characteristics and coping with stress in 2 life domains (work / school). 192 females aged 18-46 years, who reported being raised by at least biological parent and who consumed alcohol at least once during a typical month in the past year completed the following questionnaire: the Demographic Information Inventory, the Substance Use Inventory and the Coping was associated with consequences across the life domains but not with consumption. Relying on avoidant coping to handle stressors at work or school, in conjunction with being single and reporting a greater family history of alcohol problems, accounted for 18.3% of the variance in alcohol consequences. Avoidant coping and acceptance of responsibility for personal stressors, along with

being relatively younger and reporting a relatively greater family history of alcohol problems accounted for 17.7% of the variance in alcohol consequences. Evidence of both cross-situational consistency and specificity in coping associated with problematic alcohol use was found.

STRESSFUL SITUATIONS IN WIVES OF ALCOHOLICS

It is frequently noted that the situation of having an alcoholic member in the family is a source of confusion and stress.

The research conducted by Margret Bailey in the USA (1967) showed that the proportions of women who had scores indicating at least a moderate degree of psychological disturbance were 66% for wives still living with drinking alcoholic husbands, 43% where the formerly alcoholic husbands were now abstinent, and roughly 33% for control women in Manhattan. She also found that the time, which had elapsed since the wife had been living with a drinking alcoholic, was related to level of disturbance. Jackson (1962) describes the

stages of adjusting to the alcoholic husband. Early in the marriage there may be an occasional overstepping of bounds with heavy drinking. As the frequency of such occurrence increases, the wife begins to feel humiliated and ashamed. She curtails their social life and is under the impression that she has somehow failed in her marriage. There is hostility, frustration, fighting and threats of leaving. The wife reacts to the alcoholic's violence by crying in terror, retaliating or calling the police.

Wiseman, Jacqueline (1975) describes the self-reported lives of 75 women married to alcoholics. While all wives attempted to help their husbands, eventually 40% isolated themselves from their marriage adopting an independent working and social existence. If the husband of such a wife attempted to stop drinking after this separation occurred, his wife might be placed under stress by the choice she faced. In the early days of the development of alcoholism, the family may go through, a long period of indecision and confusion. The second aspect related to it is role management. The functions normally

carried out by the husband have to be taken over by the wife which will add to her psychological stress (Orford, 1976).

Montgomery and Johnson (1992) reported that wives of alcoholics already had inadequate or pathological personalities and this was the precipitating and perpetuating factor for alcoholism among their husbands. The wives in the study were found to have interpersonal, extra personal and intrapersonal stressors. The top ranked and most commonly reported stressor for them was their interpersonal relationship with their husband, moreover they were not free from the stress if their husbands were maintaining sobriety. More recent studies are of the view that husband's alcoholism is the stressor for the maladaptive behaviour of the wife.

WIVES' RESPONSES TO ALCOHOLISM

Wives of alcoholics are always in stressful situation, which gives them frustration, agony, emotional disturbances and disturbed personality, emergence of conflict etc and gradually they become neurotic patients develop adjustment problems.

Jackson (1954) as a participant observer for several years of the women in Al-Anon and family group, believed that the neurotic manifestations showed by the wives of alcoholics may be a relation to the stress of living with an alcoholic, rather than due to any pre-existing personality defect (Fox,1968).

Rae and Forbes (1966) studied the personality of wives of alcohol dependent individuals. The sample consisted of 26 wives of alcohol dependent individuals. Details regarding the age, duration of marriage and other socio-demographic data are not provided by the author. The wives were tested using M.M.P.I. The results showed that these wives were showing elevations on psychopathic deviance scale and they were reacting to stressful situations with depression and anxiety. They

further showed that, the spouse personality is as important as that of the patient in maintaining subsequent abstinence.

In a study conducted by Rae and Drewey (1969) the interpersonal perception was studied between two groups of married couples; one a group of 22 male alcoholic patients and their wives and the other a non psychiatric sample of 26 married couples (control group) who were matched for their socioeconomic and occupational status. The husband's self description and wife's description of the husband was studied. Contrasting reports were found in the group with alcoholic husbands. Whereas in the other group the wife's description of the husband was in accord with that of the husband's self description. The discrepancy in the interpersonal perception between the alcoholic and his wife can be attributed to the socio-sexual role confusion and conflicts between dependence-independence needs. So it is clear that the alcoholic patient's perception and neurotic difficulties has resulted in the interpersonal dilemma.

Edward, Harvey, Whitehead (1973) studied the personality of wives of alcohol dependent individuals. The sample size and demographic data were not provided. The study was carried out mainly on the basis of clinical interview. The authors concluded that women undergoing stress as a consequence of living with an alcoholic husband manifest neurotic traits of psychological disturbances. In their opinion wives of alcoholics appear to be women who have essentially normal personalities of different types. They may suffer personality dysfunction and react to their situations with change in coping methods and roles with the family when their husbands are drinking in excess; but if their husbands become abstinent they will experience progressively less dysfunction. Thus they seem much like other women with marital problems.

Asher, Ramona and Brissett, Dennis (1988) interviewed 52 wives of alcoholics, focusing on the wife's role in adopting a new identity as a means of interpreting and comprehending her thoughts, feelings, and behaviours as well as the use of her husband's. Findings reveal a taken for granted use of the term

'codependent' ambiguity as to what codependency is. Although most of the wives agreed that codependency involved care taking and existed by virtue of their association with an alcoholic, they disagreed widely as to its impact on the self, its locus as to personal or social, its disease status, its longevity, and whether or not it was distinctive to alcohol-complicated marriages. It is suggested that self-labeling and identification occurred through retrospective reinterpretation of their lives with their alcoholic husbands, guided and legitimated by rehabilitation personnel. These reconstructions then served as self-evidence of codependency.

Levkovich and Zuskova (1991) examined the influence of husband's habitual drinking on a family, resulting in disorganization of marital relations. Data are presented concerning conflicts in 50 families in which the husband was a habitual drinker. Conflicts were characterized by a sharp aggravation of the contradictions in the spouse's needs, lack of understanding by them of the relationship between drinking and destabilization of family relations and in appropriate choice of

the methods to settle conflicts. Husband's drinking also adversely affected the wives' health, such that wives suffered from various disorders such as insomnia, depression and neurosis.

Moskalenko and Gun' KO (1994) studied 215 wives of alcoholic divorced women (previously married to alcoholic husband), these women never used alcohol. Among them only twelve were registered as psychiatric patients. Borderline psychopathological conditions were noted in 174 women who lived for a longer period with the alcoholic husbands or lived with them in the same apartment. Of them, psychopathy, neurotic personality, neurosis, and reactive depression were identified in 27%, 24.7%, 23%, and 15% respectively. None of cases in the study had psychopathology at the time of study, which means the psychopathology was stress induced. Familial analysis and premorbid personality studies have to be done to come to a conclusion about wives' borderline neurotic disorders.

Brennan, Penny, et al, (1994) who conducted a follow-up study focusing on wives of late-life problem drinkers. In the first assessment, 87 spouses of late-life problem drinkers were compared with an equal number of spouses of non - drinkers. When compared to the controls, the study group reported more physical problems and impairment in social functioning. They either resorted to cognitive coping strategies or cognitive avoidance strategies. They also reported more stressful, less supportive family contexts. 22 drinkers were under remission in the follow-up done after one year, their spouse improved in several areas of functioning. Whereas 65 spouses of non-remitted partners continued to function more poorly and reported less supportive relationship with partners and escalating conflicts with children.

Crisp and Barber (1995) studied about the hardship experienced by the wives of alcoholic. He used the Drinker's Partner Distress Scale (DPDS). Two dimensions of alcohol induced problems i.e. depression and marital discord are measured. Both sub-scales demonstrated internal consistency

and predictions of convergent and discriminant validity were supported in relation to both subscales.

Assh and Byers (1996) examined a sample of 128 women to study the factors associated with marital distress (MD) and depression in a community. Marital distress/dissatisfaction and depression were assessed at two levels of analysis: the global level and the level of daily marital satisfaction and dysphoric mood. Low rates of pleasing and high rates of displeasing marital exchanges were related to daily dysphoric mood and marital dissatisfaction as well as to global marital distress and depression. Marital exchanges were also related to both marital distress and depression at both levels of analysis when each disorder was considered separately. However a positive association was found between depression and the quality of marital exchanges and the degree of marital distress. There was association between the quality of non-familial social interactions and marital distress and depression. It is evident from the study that the specific effects of marital exchanges is

associated with the co-existence of marital dissatisfaction and depression among the wives, globally and every day.

Kodandaram (1997) examined the personality profiles of wives of alcohol dependent individuals and of normal controls. 30 wives (mean age 34.1 years) of alcohol dependent individuals and 30 wives (mean age 36 years) of normal individuals participated in the study. Samples completed the General Health questionnaire and the Sixteen Personality Factor Questionnaire (16PF) Form C. Results show that wives of alcohol dependent individuals differed significantly from the wives of normal individuals. Wives of alcohol dependent individuals were found to be glum, silent, timid, eccentric and were group dependent, to have a lack of will control and to display somatic anxiety.

Co-dependent wives had more impairment in financial and legal domains of the husband whereas non-co-dependent group had more impairment in the psychological domain. Co-dependent wives had lower coping resources and social support. (Bhomuck, Tripathi, Pandey, 2001).

Continuous alcohol abuse not only affects the individual but also family members, especially the spouse who faces many emotional problems and stressful life events. Depressive symptomatology and suicidal association in the wife was significantly and positively correlated with severity of alcohol use in husband. (Tyagi, Mehta 2013).

Homish et al (2006) examined 634 couples for the pattern of alcohol consumption in the previous year and associated mental health problems including depressive features. the assessment was done at 2 waves, at first and second anniversaries respectively. Both husbands' and wives' marital alcohol problems were associated with wives' depressive symptoms.

Rogumo et al in 2013 did a study on Norwegian population. In contrary to our expectation the study revealed that alcohol consumption was significantly associated with decrease in spousal mental distress, depression and anxiety. Only when alcohol consumption causes problems in any of the

domains, was there an increase in mental distress in their spouse. Interaction effects indicated that couples discordant for drinking problems experienced more mental distress than spouses concordant for drinking problems.

Tempier, et al 2006 explored the association between psychological distress of female spouses and each of the following nine independent variables - male partner lifetime at risk drinker, stressful life events, job situation, socio-economic status, perceived health status, presence of children < 15 years, length of marital relationship, presence of a confidant, availability of social support. Symptoms of anxiety, depression, aggressiveness and cognitive impairment were indicative of a high level of psychological distress.

Dawson et al, 2007, found that women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders, anxiety disorders and being in poor/fair health than women whose partners did not have alcohol problems.

Analysis of study done by Theodore Jacob 2008, indicated that steady pattern of consumption when compared to binge pattern was associated with high satisfaction and reduced symptoms in spouses even if the amount of consumption was high. The results are concordant with that of Steinglass' suggestion that family members especially wives "adapt" according to their husbands' drinking pattern for the sake of family well - being.

TREATMENT

The importance of family members in treatment process is getting momentum for many reasons. Most of the family members do not recognize the extent to which their responses to alcoholics have resulted in dysfunctional behaviour, i.e. isolation, enabling and depression, anxiety, personality problems or physical illness. Thus, treatment of the wives as well as the family members is important in and of itself regardless of whether or not the alcoholic is in a recovery program.

Sulzer (1965) made peer companionship and spouse attention contingent upon non-alcohol drinking behaviour. The wife and the therapist socially reinforced sober behaviour. Results showed that the subject discontinued use of alcohol and was functioning more efficiently.

Cheek, et al, (1971) trained wives of alcoholics to use behaviour modification techniques to change family interactions. Wives received an instruction to program contingencies more objectively. Most wives who completed the

program reported at least moderate improvement in marital communication.

Several case studies reported that management of specific behavioural contingencies by significant others can alter an alcoholic's drinking behaviour in the natural environment. Differential social reinforcement from peers and wives helps in the successful management of alcoholism. Contingency contracting between the alcoholic and his wife served to establish and maintain a stable pattern of controlled drinking (Miller, 1972).

Ester (1974) describes helpful approaches to counseling women with alcoholic husbands. The major goals of such counseling are to improve the wife's response to the husband and to break the vicious circle that exists. Problems faced by families with alcoholic members in dealing with day-to-day living are discussed. The unpredictability of the alcoholic is especially upsetting to family members who attempt to respond to him. In the early phase of counseling, the wife is often bewildered and fearful and has many misgivings about her. In

the middle phase she becomes goal-oriented and explores, with the therapist, the within family coping behaviour that is often destructive. The final phase of this approach occurs with an increase in dealing with the situation. In addition, gains occur in the wives reaction to the husband, which can facilitate a break in the alcoholic cycle.

Orford and Guthrie (1976) also emphasized the importance of stable marital bond. In their study about alcoholism, they found the marital interaction to be the determining factor in the treatment outcome.

Steinglass (1976) noted that alcoholism might serve as a stabilizing factor in the family, which produced extremely patterned, predictable and rigid sets of interaction. A better outcome could be seen, only if the treatment focused on nurturing family growth, rather than on a reduction in drinking. He emphasized that the entire family should be viewed as the patient.

Fridman, et al, (1976) studied 100 wives of alcoholics (52 through the use of individual and 48 through the use of

group treatment methods) to assess their role in the development of positive treatment motivation with their alcoholic husbands. There was a significant correlation between the wife's attitude to treatment (active/passive) and the patient's abstinence, particularly in the group of wives included in group therapy. There was also a significant difference in the improvement of family relationships depending on whether the wives were treated through individual or group therapy. Specifically, a statistically significant improvement of family relationships was noted with those patients whose wives participated in the group therapy.

Fewell Christine and Bissel Leclair (1978) examined the role of denial in alcoholics and those close to them (wives & family members), describing it as a major obstacle to treatment. Alcoholism occurs in all personality types, and similar traits in alcoholics result from effects of drinking. Detailed information obtained by interview is needed to confront denial directly. The therapist must bring reality - testing to the alcoholic by reflecting back, arousing anxiety and mobilizing hope for

change, because drinking weakens reality testing and memory. Abstinence is essential to overcome denial. Family members participate in the disease and need to become aware of this. Al-Anon provides support and peer confrontation, which encourages spouses to step out of care taking roles & instead confront their own problems.

Berger (1981) investigated to find out an association between client's completion of treatment and the involvement of his family in the treatment. Family members were involved in the treatment by their participation in out-patient meeting. Session was conducted, four tunes a week during the 14 weeks of the alcoholism treatment program. The difference between the nature of involvement of relatives of 100 program completers and 300 dropouts was significant.

Sisson and Azrin (1986) evaluated a method of teaching distressed family members of problem drinkers, how to minimize their own distress, reduce the drinking, increase the motivation of the alcoholics to obtain formal treatment and assist in the treatment program. Twelve family members were

given either community reinforcement counseling or a traditional type of counseling (control group). The reinforcement counseling resulted in more alcoholic persons obtaining treatment than did the traditional type and a greater reduction in drinking before the formal treatment was obtained; drinking was reduced further during the joint treatment of the family members and problem drinkers. These results suggest that counseling concerned family members in the use of appropriate reinforcement procedures can reduce the drinking of motivated alcoholic persons and can lead to the initiation of formal treatment.

Mc Crady, et al, (1986) provided treatment to 53 alcoholics and their spouses in one of the following outpatient behavioural treatment condition. (1) minimal spouse involvement (MSI), (2) alcohol-focused spouse involvement (AFSI), or (3) alcohol focused spouse involvement plus behavioural marital therapy (ABMT). Clients were followed-up for 6 months. All clients markedly decreased their drinking and reported increased life satisfaction. ABMT clients were more compliant than AFSI clients without conjoint homework

assignments decreased their drinking more quickly during treatment; relapsed more slowly after treatment and maintained better marital satisfaction. ABMT clients were quicker to stay in the treatment process and maintain better marital satisfaction, the MSI clients after treatment.

O'Farrell and Murphy (1995) assessed the prevalence and frequency of marital violence in 88 male alcoholics and their wives at entry to and 1 year after completing a behavioural marital therapy (BMT) program. In the year before BMT, both the alcoholics and their wives had a significantly and substantially higher prevalence and frequency of marital violence than reported by a demographically matched non-alcoholic comparison sample. Although violence decreased significantly elevated, relative to the matched controls, when the entire sample of alcoholics were considered. However, extent of violence, after BMT was significantly associated with the alcoholic's drinking outcome status. After treatment, remitted alcoholics no longer had elevated marital violence levels whereas relapsed alcoholics did.

OBJECTIVE (S)

Primary Objective:

To find out the pattern of psychiatric morbidities in wives of men with alcohol dependence syndrome, in comparison with normal controls.

Secondary Objectives:

1. To study the severity of alcohol dependence and various consequences of drinking in alcohol dependent men.
2. To study the various forms of coping skills their wives adapt.
3. To study the association between the severity of alcohol dependence in men and coping strategies and psychiatric morbidities among their spouses.

METHODOLOGY (MATERIALS & METHODS)

This is a case control study, conducted at Institute of mental health, Kilpauk, Chennai. The Consecutive male patients attending both outpatient department and inpatient department were screened for diagnosis of alcohol dependence syndrome using ICD-10 diagnostic criteria. Spouses of those fulfilling the criteria were included, as CASES. They were compared with spouses of men who were not alcohol dependent, as CONTROLS.

Inclusion criteria:

Cases:

Spouses of all male patients who were between 18- 45yrs of age, who fulfil the criteria for alcohol dependence syndrome according to ICD-10 and willing to participate in the study.

Controls:

Spouses of men who were between 18-45yrs of age, without alcohol dependence and willing to participate in the study.

Exclusion criteria:

Cases:

Patients not willing to participate, those men with mental retardation, those men diagnosed to have other co-morbid mental illness, other substance use except nicotine use, neurological illness or chronic medical illness. Spouses with primary psychiatric disorders and/or with chronic physical illness.

Controls:

Patients not willing to participate.

Sample size:

Cases-30, Controls-60.

MANOEUVRE:

Informed consent was obtained from both the spouses. Privacy was maintained during interview. Adequate time was spent with each patient and his spouse to establish a good rapport, before proceeding to the interview.

Responses were recorded in the questionnaire, which was formulated in the local language. Doubtful parts of the questionnaire were explained in detail to them before recording the response. One to one and a half hour was spent with each patient and his spouse.

The following scales and questionnaires are administered to alcohol dependent men and their spouses.

A. To alcohol dependent men:

1. A semi-structured proforma for socio-demographic details.

Details regarding age, education, occupation, income, religion and domicile.

2. Severity of Alcohol Dependence Questionaire (**SADQ**)

The Addiction Research Unit at the Maudsley Hospital developed the Severity of Alcohol Dependence Questionnaire. The **SADQ** has 20 questions intended to measure the alcohol dependence severity. The following areas of dependence are analysed using SADQ questionnaire:

a. withdrawal symptoms-physical

b. withdrawal symptoms-affective

c. relief drinking

d. alcohol use frequency

e. time taken for withdrawal symptoms onset.

Scoring: Answers to each question are rated from 0 to 4 on a four-point scale from ‘never’ to ‘always’:

≥31 - "severe alcohol dependence".

16 -30 - "moderate dependence"

< 16 - mild physical dependency.

3. Drinker's Inventory of Consequences (**DrInC**) for consequences of drinking.

DrInC, is a scale devised to assess the consequences of drinking in five domains viz., physical, intrapersonal, interpersonal, impulse control and social responsibility. It comprises of 50 items with four possible responses, which are scored as 0-3. There are many versions of the scale, ranging from those, which examine the past 3 months to those examining lifetime consequences. In this study, we have used the one which considers the past 1 year. Higher total scores in each of its domains indicate greater negative consequences or problems.

B. To their Spouses:

1. A semi-structured proforma for socio-demographic details.

Details regarding age, education, occupation, income, religion and domicile.

2. General Health Questionnaire (**GHQ**) to screen for the presence of psychological distress

GHQ has 12 items with 4 possible responses scored from 0-3. Score ranges from 0-36. Scores vary by study population.

Scores about 11-12 are typical.

Score > 15 - evidence of distress.

Score > 20 - suggests severe problems and psychological distress.

3. Mini International Neuropsychiatric Interview (**MINI**) to screen for psychiatric disorders.

MINI was designed as a brief structured interview for major Axis-I psychiatric disorders in DSM-IV and ICD-10. It screens for 17 major psychiatric disorders. The validity and reliability are compared to SCID and it can be administered in a much shorter period of time. Each module starts with a screening question for a psychiatric diagnosis. If that question is answered "YES" specific questions pertaining to that diagnosis are asked to the spouse.

4. Coping Strategies Inventory (**CSI**) to assess coping thoughts and behaviour in response to a specific stressor.

The **CSI** is a 72-item self report questionnaire, with a 5-item Likert format. There are a total of 14 subscales including 8 primary subscales, 4 secondary subscales, 2 tertiary scales. There are 9 items in each of the primary subscale. Raw scale scores are calculated by adding the Likert responses of the items for a particular subscale. To calculate the secondary and tertiary subscales scores, the primary subscale that makes up the particular subscale is added.

After describing a stressful situation for controls, the study population taking the CSI are asked to respond to the 72 questions.

The primary subscale items are

1. Problem solving
2. Cognitive restructuring
3. Express emotions
4. Social support
5. Problem avoidance

6. Wishful thinking
7. Self-criticism
8. Social withdrawal.

The secondary subscale items are

1. Problem focused engagement = problem solving + cognitive restructuring
2. Emotion focused engagement = social support + express emotion
3. Problem focused disengagement = problem avoidance + wishful thinking
4. Emotion focused disengagement = social withdrawal + self-criticism

The tertiary subscale items are

1. Engagement = Problem focused engagement + Emotion focused engagement
2. Disengagement = Problem focused disengagement + Emotion focused disengagement

RESULTS

Statistics:

The data collected were entered in excel and analyzed using R software. The basic characteristics of the subjects were presented as a proportion. For categorical variables, association was tested by the chi square test and the fisher exact test. In some analysis, the groups were clubbed to meet the criteria for the chi square test. For continuous variables, an independent sample t-test was used to determine the significance of the difference between the two means. Probability value 'p' <0.05 was considered statistically significant. The following analyzes were performed,

1. Comparison of MINI in cases with MINI in controls
2. Comparison of SADQ with DrInC in alcohol dependent men
3. Comparison of GHQ in cases with GHQ in controls
4. Comparison of CSI in cases with CSI in controls

5. Comparison of SADQ in alcohol dependent men with GHQ in cases (their wives)

6. Comparison of SADQ in alcohol dependent men with MINI in cases (their wives)

7. Comparison of SADQ in alcohol dependent men with CSI in cases (their wives)

8. Comparison of DrInC in alcohol dependent men with GHQ in cases (their wives)

9. Comparison of DrInC in alcohol dependent men with MINI in cases (their wives)

10. Comparison of DrInC in alcohol dependent men with CSI in cases (their wives).

In addition demographic details namely education, occupation, income, religion and domicile were also compared between cases and controls. Family income as a whole was considered.

Socio-demographic details of alcohol dependent men:

Age:

Among 30 alcohol dependent men studied, 18 of (60%) were between 30-40 years of age. 5(16%) were less than 30 years and 7(23%) were more than 40 years.

Education:

With regards to education level, 16(53%) men were in school for a period of 5-10 years. 10(33%) of them have studied for more than 10 years and 4(13%) less than 5 years.

Occupation:

Of these 30 men, 14(46.7%) men were working and 16(53.3%) of them were not working.

Income:

As far as family income is concerned, 14(46.7%) men were from families whose income was between Rs.1000 - 5000. Another 14(46.7%) were from families whose income was

between Rs.5000-10000. 2(6.7%) were from families whose income was <Rs.1000.

No family was making more than Rs.10000 a month.

Religion:

20(66.7%) men were Hindus, 7(23.3%) were Muslims and 3(10%) were Christians.

Domicile:

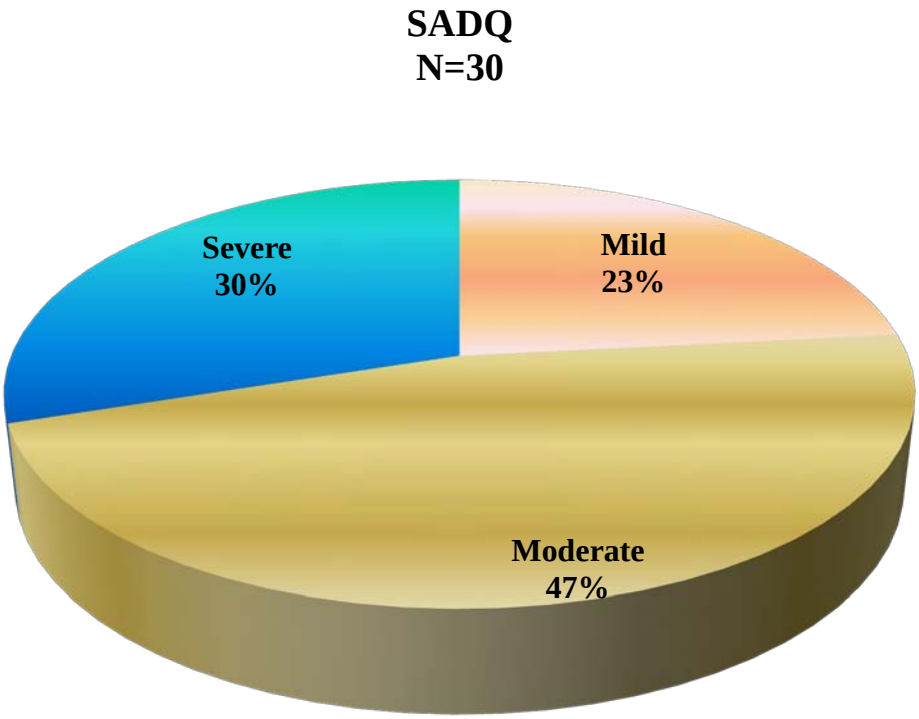
16(53.3%) men were from urban areas and 14(46.7%) were from rural areas.

Duration of alcohol:

2(6.7%) men were drinking alcohol for <5 years, 12(40%) were drinking for 5-10 years, 10(33.3%) were drinking for 10-15 years and 6 were drinking for >15 years.

SADQ scale:

7(23.3%) men were suffering from mild dependence, 14(46.7%) from moderate dependence and 9(30%) of them were suffering from severe dependence.



DrInC scale:

Physical domain:

2(2.2%) men scored very low, 8(8.9%) men scored low, 10(11.1%) men scored medium, 6(6.7%) men scored high and 4(4.4%) men scored very high.

Interpersonal domain:

5(5.6%) men scored low, 12(13.3%) men scored medium, 11(12.2%) men scored high and 2(2.2%) men scored very high.

Intrapersonal domain:

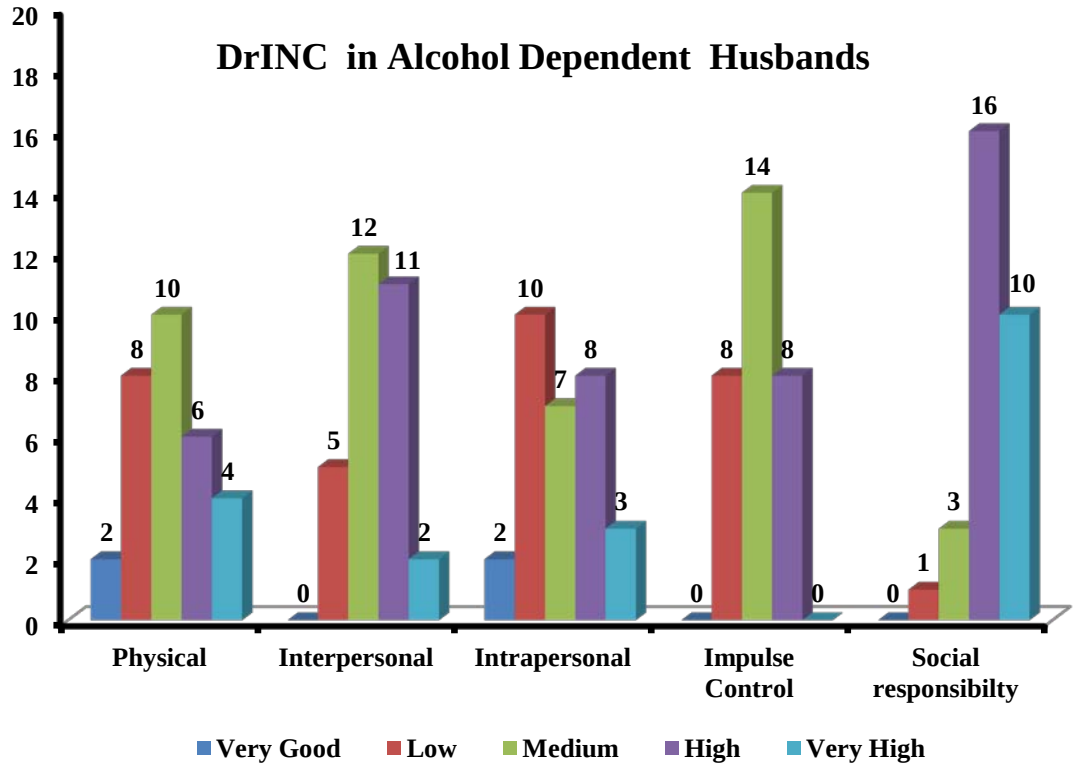
2(2.2%) men scored very low, 10(11.1%) men scored low, 7(7.8%) men scored medium, 8(8.9%) men scored high and 3(3.3%) scored very high.

Impulse control domain:

8(8.95) men scored low,14(15.6) men scored medium and 8(8.95) men scored high.

Social responsibility domain:

1(1.1%) men scored low, 3(3.3%) men scored medium, 16(17.8%) men scored high, 10(11.1%) men scored very high.



Comparison of SADQ with DrInC in alcohol dependent men:

There was a statistically significant association between severity of alcohol dependence and physical domain in DrInC scale. Other domains like interpersonal, intrapersonal, impulse control and social responsibility were not statistically significant. (Tables 1-5)

Table 1:

DrInC-PHYSICAL	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
Very Low	2	28.6	0	0.0	0	0.0	2	6.7
Low	5	71.4	3	21.4	0	0.0	8	26.7
Medium	0	0.0	9	64.3	1	11.1	10	33.3
High	0	0.0	1	7.1	5	55.6	6	20.0
Very High	0	0.0	1	7.1	3	33.3	4	13.3
Total	7	100.0	14	100.0	9	100.0	30	100.0

$p < 0.01$ (Significant)

Table 2:

DrInC-INTERPERSONAL	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
Low	2	28.6	1	7.1	2	22.2	5	16.7
Medium	5	71.4	3	21.4	4	44.4	12	40.0
High	0	0.0	8	57.1	3	33.3	11	36.7
Very High	0	0.0	2	14.3	0	0.0	2	6.7
Total	7	100.0	14	100.0	9	100.0	30	100.0

p = 0.089 (Not significant)

Table 3:

DrInC-INTRAPERSONAL	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
Very Low	1	14.3	1	7.1	0	0.0	2	6.7
Low	2	28.6	5	35.7	3	33.3	10	33.3
Medium	1	14.3	5	35.7	1	11.1	7	23.3
High	2	28.6	3	21.4	3	33.3	8	26.7
Very High	1	14.3	0	0.0	2	22.2	3	10.0
Total	7	100.0	14	100.0	9	100.0	30	100.0

p = 0.625 (Not significant)

Table 4:

DrInC-IMPULSE CONTROL	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
Low	3	42.9	4	28.6	1	11.1	8	26.7
Medium	2	28.6	8	57.1	4	44.4	14	46.7
High	2	28.6	2	14.3	4	44.4	8	26.7
Total	7	100.0	14	100.0	9	100.0	30	100.0

p = 0.375 (Not significant)

Table 5:

DrInC-SOCIAL RESPONSI-BILITY	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
Low	1	14.3	0	0.0	0	0.0	1	3.3
Medium	1	14.3	1	7.1	1	11.1	3	10.0
High	4	57.1	9	64.3	3	33.3	16	53.3
Very High	1	14.3	4	28.6	5	55.6	10	33.3
Total	7	100.0	14	100.0	9	100.0	30	100.0

p= 0.346 (Not significant)

Socio-demographic details of Cases and Controls:

Age:

12 (40%) cases and 17 (28.3%) controls were <30 years old. 16 (53.3%) cases and 38 (63.3%) controls were between 30-40 years of age. 2 (6.7%) cases and 5 (8.3%) controls were above 40 years.

Education:

5 (16.7%) cases and 21 (35%) controls were in school for <5 years, 14 (46.7%) cases and 25 (41.7%) controls for 5-10 years and 11 (36.7%) cases and 14 (23.3%) controls for >10 years.

Table 6:

EDUCATION	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
0 - 5 Years	21	35.0	5	16.7	26	28.9
5 - 10 Years	25	41.7	14	46.7	39	43.3
11 - 12 Years	14	23.3	11	36.7	25	27.8
Total	60	100.0	30	100.0	90	100.0

p = 0.155 (Not significant)

Occupation:

14(46.7%) cases and 25(41.7%) controls were employed and 16(53.3%) cases and 35(58.3%) controls were unemployed.

Table 7:

OCCUPATION	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
Employed	25	41.7	14	46.7	39	43.3
Unemployed	35	58.3	16	53.3	51	56.7
Total	60	100.0	30	100.0	90	100.0

p = 0.660 (Not Significant)

Income:

2(6.7%) cases and 9(15%) controls were from families whose monthly income was <Rs.1000. 14(46.7%) cases and 17(28.3%) controls had a monthly family income between Rs.1000-5000, 14(46.7%) cases and 28(46.7%) controls between Rs.5000-10000.

None of the cases and 6(10%) controls had a monthly income above Rs.10000.

Table 8:

INCOME	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
< 1000	9	15.0	2	6.7	11	12.2
1000 - 5000	17	28.3	14	46.7	31	34.4
5000 - 10000	28	46.7	14	46.7	42	46.7
> 10000	6	10.0	0	0.0	6	6.7
Total	60	100.0	30	100.0	90	100.0

p = 0.107 (Not significant)

Religion:

20(66.7%) cases and 41(68.3%) controls were Hindus, 7(23.3%) cases and 13(21.7%) controls were Muslims and 3(10%) cases and 6(10%) controls were Christians.

Table 9:

RELIGION	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
Hindu	41	68.3	20	66.7	61	67.8
Muslim	13	21.7	7	23.3	20	22.2
Christian	6	10.0	3	10.0	9	10.0
Total	60	100.0	30	100.0	90	100.0

p = 0.984 (Not significant)

Domicile:

16(53.3%) cases and 24(40%) controls were from urban areas and 14(46.7%) cases and 36(60%) controls were from rural areas.

Table 10:

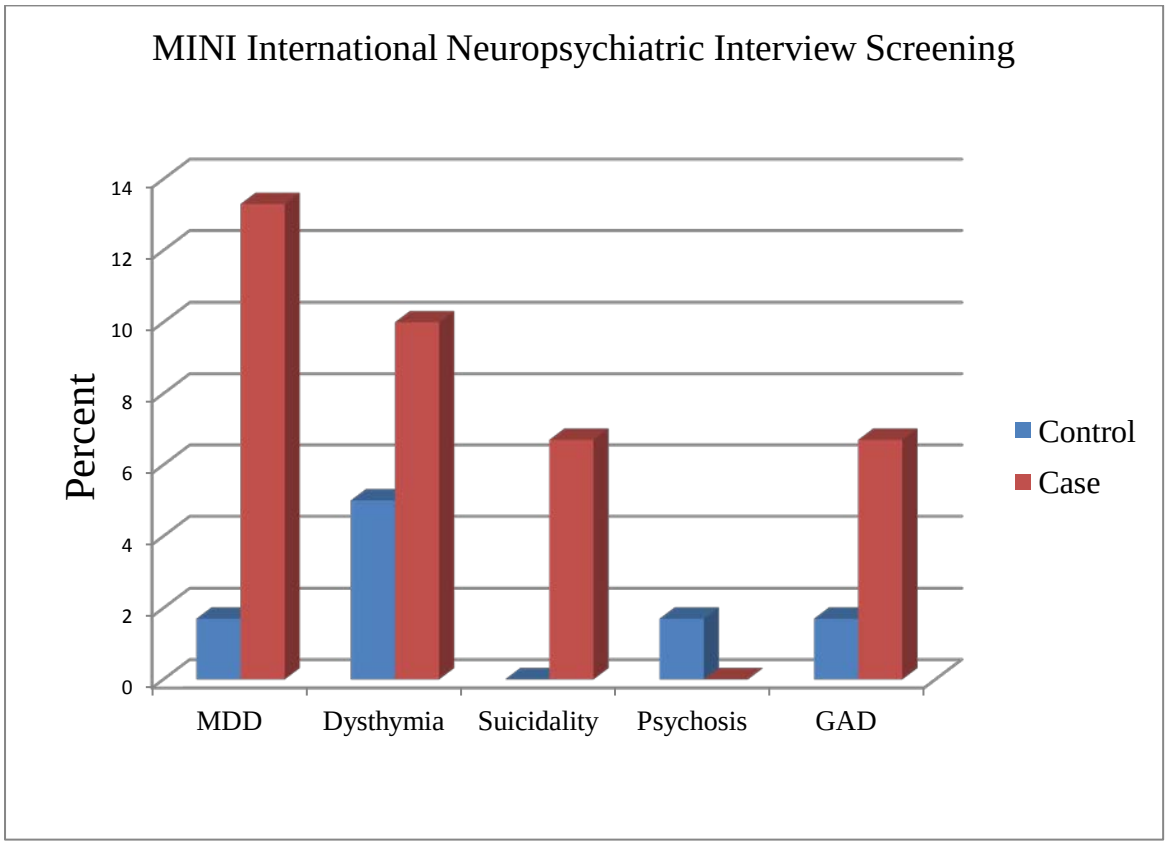
DOMICILE	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
Urban	24	40.0	16	53.3	40	44.4
Rural	36	60.0	14	46.7	50	55.6
Total	60	100.0	30	100.0	90	100.0

p = 0.265 (Not significant)

After analysis we found out that the socio-demographic factors were equally distributed between the spouses of alcohol dependent men and spouses of men without alcohol dependence and none of them had any statistical significance. This implies that cases and controls in our study are matched.

MINI scale:

4(13.3%) cases and 1(1.7%) control had Major Depressive Disorder. 3(10%) cases and 3(5%) controls had Dysthymia. 2(6.7%) cases and 1(1.7%) control had Generalized Anxiety Disorder. 2(6.7%) among cases and none of the control had Suicidality. 1(1.7%) control and none of the cases had Psychosis.



Comparison of MINI scale:

Cases were at increased risk of having mental illnesses compared to controls. (Table-11)

Table 11:

MINI International Neuropsychiatric Interview Screening	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
MDD	1	1.7	4	13.3	5	5.6
Dysthymia	3	5.0	3	10.0	6	6.7
Suicidality	0	0.0	2	6.7	2	2.2
Psychosis	1	1.7	0	0.0	1	1.1
GAD	1	1.7	2	6.7	3	3.3
None	54	90.0	19	63.3	73	81.1
Total	60	100.0	30	100.0	90	100.0%

$p < 0.05$ (Significant)

GHQ scale:

13(43.3%) cases and 55(91.7%) controls had a score of <15 showing no distress. 10(33.3%) cases and 4(6.7%) controls scored between 15-20 showing evidence of distress. 7(23.3%) cases and 1 (1.7%) control showed severe distress and psychological issues scoring above 20.

Comparison of GHQ between cases and controls:

The cases were at increased risk of having evidence of distress (GHQ score 15-20) as well as severe psychological distress (GHQ score >20). (Table - 12).

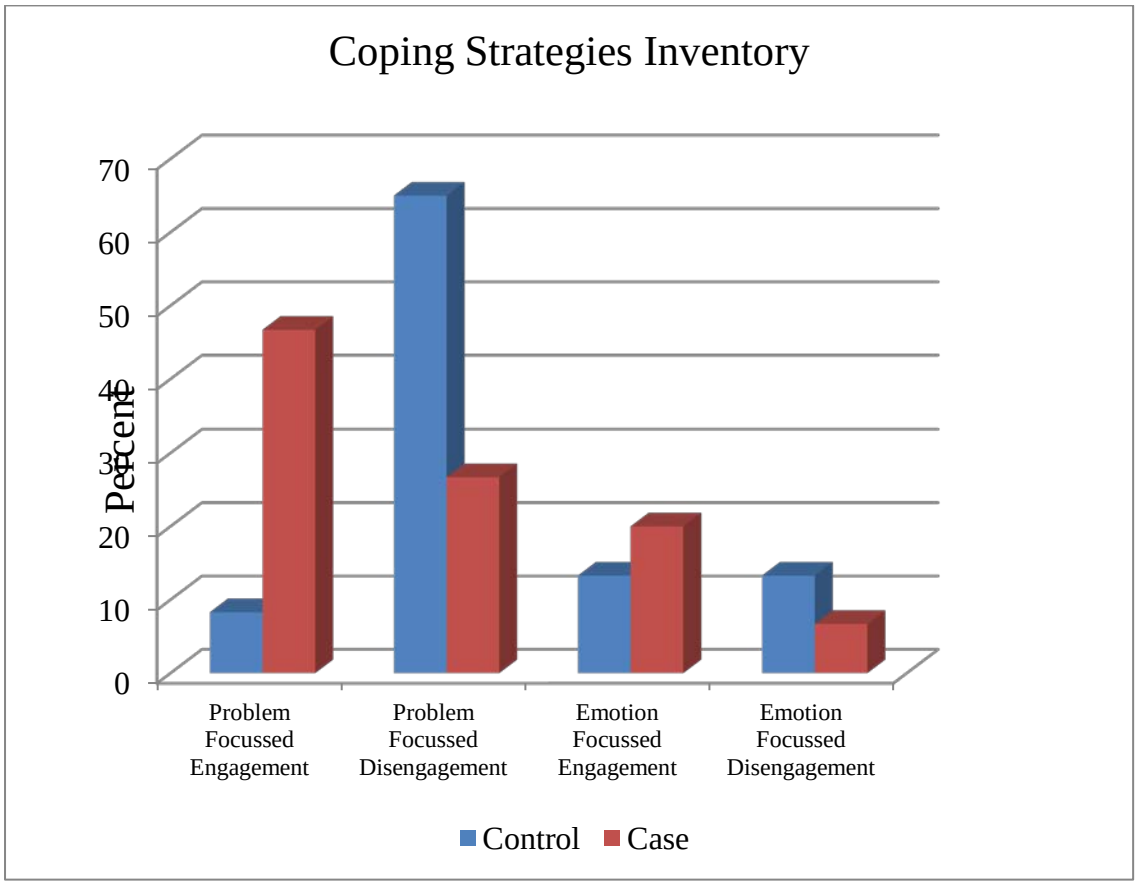
Table 12:

General Health Questionnaire	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
<15 (NO Distress)	55	91.7	13	43.3	68	75.6
15-20 (Evidence of Distress)	4	6.7	10	33.3	14	15.6
>20 (Severe Psychological Distress)	1	1.7	7	23.3	8	8.9
Total	60	100.0	30	100.0	90	100.0

$p < 0.01$ (Significant)

CSI:

14(46.7%) cases and 5(8.3%) controls showed Problem focused engagement and 8(26.7%) cases and 39(65%) controls showed Problem focused disengagement. 6(20%) cases and 8(13.3%) controls showed Emotion focused engagement and 2(6.7%) cases and 8(13.3%) controls showed Emotion focused disengagement.



Comparison of CSI between cases and controls:

Cases were more likely to adopt Problem focused engagement and Emotion focused engagement as their coping strategy compared to controls. (Table - 13)

Table 13:

Coping Strategies Inventory	Group				Total	
	Control		Case			
	Count	%	Count	%	Count	%
Problem Focused Engagement	5	8.3	14	46.7	19	21.1
Problem Focused Disengagement	39	65.0	8	26.7	47	52.2
Emotion Focused Engagement	8	13.3	6	20.0	14	15.6
Emotion Focused Disengagement	8	13.3	2	6.7	10	11.1
Total	60	100.0	30	100.0	90	100.0

$p < 0.01$ (Significant)

Comparison of SADQ in alcohol dependent men and GHQ in spouses:

Increase in severity of alcohol dependence in men was not associated with increased risk of psychological distress in spouses. (Table - 14)

Table 14:

General Health Questionnaire	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
<15 (NO Distress)	4	57.1	5	35.7	4	44.4	13	43.3
15-20 (Evidence of Distress)	1	14.3	5	35.7	4	44.4	10	33.3
>20 (Severe Psychological Distress)	2	28.6	4	28.6	1	11.1	7	23.3
Total	7	100.0	14	100.0	9	100.0	30	100.0

p = 0.655 (Not significant)

Comparison of SADQ in alcohol dependent men and MINI in spouses:

Increase in severity of alcohol dependence was not associated with increased risk of mental illness in spouses. (Table - 15)

Table 15:

MINI International Neuropsychiatric Interview Screening	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
MDD	1	14.3%	2	14.3%	1	11.1%	4	13.3%
Dysthymia	1	14.3%	1	7.1%	1	11.1%	3	10.0%
Suicidality	0	0.0%	1	7.1%	1	11.1%	2	6.7%
GAD	2	28.6%	0	0.0%	0	0.0%	2	6.7%
None	3	42.9%	10	71.4%	6	66.7%	19	63.3%
Total	7	100.0%	14	100.0%	9	100.0%	30	100.0%

$p = 0.411$ (Not significant)

Comparison of SADQ in alcohol dependent men and CSI in spouses:

There was no statistically significant association between increase in severity of alcohol dependence in men and different coping strategies adopted by their spouses. (Table - 16)

Table 16:

Coping Strategies Inventory	Severity of Alcohol Dependence Questionnaire						Total	
	Mild		Moderate		Severe			
	Count	%	Count	%	Count	%	Count	%
Problem Focused Engagement	1	14.3%	9	64.3%	4	44.4%	14	46.7%
Problem Focused Disengagement	4	57.1%	2	14.3%	2	22.2%	8	26.7%
Emotion Focused Engagement	2	28.6%	1	7.1%	3	33.3%	6	20.0%
Emotion Focused Disengagement	0	0.0%	2	14.3%	0	0.0%	2	6.7%
Total	7	100.0%	14	100.0%	9	100.0%	30	100.0%

$p = 0.112$ (Not significant)

Comparison of DrInC in alcohol dependent men and GHQ in spouses:

Consequences in various domains caused by alcohol dependence in men did not show any statistically significant association with psychological distress in their spouses. (Tables 17-21)

Table 17:

General Health Questionnaire	DrInC-PHYSICAL										Total	
	Very Low		Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
<15 (NO Distress)	1	50.0	4	50.0	2	20.0	4	66.7	2	50.0	13	43.3
15-20 (Evidence of Distress)	1	50.0	0	0.0	6	60.0	1	16.7	2	50.0	10	33.3
>20 (Severe Psychological Distress)	0	0.0	4	50.0	2	20.0	1	16.7	0	0.0	7	23.3
Total	2	100.0	8	100.0	10	100.0	6	100.0	4	100.0	30	100.0

p= 0.153 (Not significant)

Table 18:

General Health Questionnaire	DrInC-INTERPERSONAL								Total	
	Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%
<15 (NO Distress)	3	60.0	5	41.7	4	36.4	1	50.0	13	43.3
15-20 (Evidence of Distress)	2	40.0	2	16.7	5	45.5	1	50.0	10	33.3
>20 (Severe Psychological Distress)	0	0.0	5	41.7	2	18.2	0	0.0	7	23.3
Total	5	100.0	12	100.0	11	100.0	2	100.0	30	100.0

p = 0.465 (Not significant)

Table 19:

General Health Questionnaire	DrInC-INTRAPERSONAL										Total	
	Very Low		Low		Medium		High		Very High			
	Count	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**	**Count**	**%**
<15 (NO Distress)	1	50.0	5	50.0	3	42.9	3	37.5	1	33.3	13	43.3
15-20 (Evidence of Distress)	1	50.0	2	20.0	3	42.9	2	25.0	2	66.7	10	33.3
>20 (Severe Psychological Distress)	0	0.0	3	30.0	1	14.3	3	37.5	0	0.0	7	23.3
Total	2	100.0	10	100.0	7	100.0	8	100.0	3	100.0	30	100.0

p = 0.799 (Not Significant)

Table 20:

General Health Questionnaire	DrInC-IMPULSE CONTROL						Total	
	Low		Medium		High			
	Count	%	Count	%	Count	%	Count	%
<15 (NO Distress)	4	50.0	5	35.7	4	50.0	13	43.3
15-20 (Evidence of Distress)	2	25.0	5	35.7	3	37.5	10	33.3
>20 (Severe Psychological Distress)	2	25.0	4	28.6	1	12.5	7	23.3
Total	8	100.0	14	100.0	8	100.0	30	100.0

p = 0.885 (Not significant)

Table 21:

General Health Questionnaire	DrInC-SOCIAL RESPONSIBILITY								Total	
	Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%
<15 (NO Distress)	0	0.0	1	33.3	7	43.8	5	50.0	13	43.3
15-20 (Evidence of Distress)	0	0.0	2	66.7	3	18.8	5	50.0	10	33.3
>20 (Severe Psychological Distress)	1	100.0	0	0.0	6	37.5	0	0.0	7	23.3
Total	1	100.0	3	100.0	16	100.0	10	100.0	30	100.0

p = 0.197 (Not significant)

Comparison of DrInC in alcohol dependent men with MINI in spouses:

Consequences of alcohol dependence in various domains did not show statistically significant association with mental illnesses in their spouses. (Tables 22-26)

Table 22:

MINI International Neuropsychiatric Interview Screening	DrInC-PHYSICAL										Total	
	Very Low		Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
MDD	0	0.0	1	12.5	2	20.0	1	16.7	0	0.0	4	13.3
Dysthymia	1	50.0	1	12.5	0	0.0	1	16.7	0	0.0	3	10.0
Suicidality	0	0.0	1	12.5	0	0.0	0	0.0	1	25.0	2	6.7
GAD	0	0.0	2	25.0	0	0.0	0	0.0	0	0.0	2	6.7
None	1	50.0	3	37.5	8	80.0	4	66.7	3	75.0	19	63.3
Total	2	100.0	8	100.0	10	100.0	6	100.0	4	100.0	30	100.0

$p = 0.427$ (Not significant)

Table 23:

MINI International Neuropsy-chiatric Interview Screening	DrInC-INTERPERSONAL								Total	
	Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%
MDD	0	0.0	2	16.7	2	18.2	0	0.0	4	13.3
Dysthymia	0	0.0	3	25.0	0	0.0	0	0.0	3	10.0
Suicidality	0	0.0	0	0.0	2	18.2	0	0.0	2	6.7
GAD	0	0.0	2	16.7	0	0.0	0	0.0	2	6.7
None	5	100.0	5	41.7	7	63.6	2	100.0	19	63.3
Total	5	100.0	12	100.0	11	100.0	2	100.0	30	100.0

p = 0.267 (Not significant)

Table 24:

MINI International Neuropsy-chiatric Interview Screening	DrInC-INTRAPERSONAL										Total	
	Very Low		Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
MDD	0	0.0	0	0.0	1	14.3	2	25.0	1	33.3	4	13.3
Dysthymia	0	0.0	1	10.0	0	0.0	2	25.0	0	0.0	3	10.0
Suicidality	0	0.0	1	10.0	0	0.0	0	0.0	1	33.3	2	6.7
GAD	0	0.0	1	10.0	1	14.3	0	0.0	0	0.0	2	6.7
None	2	100.0	7	70.0	5	71.4	4	50.0	1	33.3	19	63.3
Total	2	100.0	10	100.0	7	100.0	8	100.0	3	100.0	30	100.0

p = 0.622 (Not significant)

Table 25:

MINI International Neuropsychiatric Interview Screening	DrInC-IMPULSE CONTROL						Total	
	Low		Medium		High			
	Count	%	Count	%	Count	%	Count	%
MDD	2	25.0	1	7.1	1	12.5	4	13.3
Dysthymia	0	0.0	2	14.3	1	12.5	3	10.0
Suicidality	0	0.0	2	14.3	0	0.0	2	6.7
GAD	1	12.5	0	0.0	1	12.5	2	6.7
None	5	62.5	9	64.3	5	62.5	19	63.3
Total	8	100.0	14	100.0	8	100.0	30	100.0

p = 0.606 (Not significant)

Table 26:

MINI International Neuropsychiatric Interview Screening	DrInC-SOCIAL RESPONSIBILITY								Total	
	Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%
MDD	0	0.0	0	0.0	3	18.8	1	10.0	4	13.3
Dysthymia	0	0.0	0	0.0	3	18.8	0	0.0	3	10.0
Suicidality	0	0.0	0	0.0	1	6.3	1	10.0	2	6.7
GAD	1	100.0	0	0.0	1	6.3	0	0.0	2	6.7
None	0	0.0	3	100.0	8	50.0	8	80.0	19	63.3
Total	1	100.0	3	100.0	16	100.0	10	100.0	30	100.0

p = 0.165 (Not significant)

Comparison of DrInC in alcohol dependent men with CSI in spouses:

Consequences of alcohol dependence in various domains did not show any statistically significant association with various coping startegies adopted by their spouses. (Tables 27-31)

Table 27:

Coping Strategies Inventory	DrInC-PHYSICAL										Total	
	Very Low		Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Problem Focused Engagement	0	0.0	1	12.5	9	90.0	3	50.0	1	25.0	14	46.7
Problem Focused Disengagement	1	50.0	5	62.5	0	0.0	1	16.7	1	25.0	8	26.7
Emotion Focused Engagement	1	50.0	1	12.5	0	0.0	2	33.3	2	50.0	6	20.0
Emotion Focused Disengagement	0	0.0	1	12.5	1	10.0	0	0.0	0	0.0	2	6.7
Total	2	100.0	8	100.0	10	100.0	6	100.0	4	100.0	30	100.0

$p = 0.562$ (Not significant)

Table 28:

Coping Strategies Inventory	DrInC-INTERPERSONAL								Total	
	Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%
Problem Focused Engagement	3	60.0	4	33.3	6	54.5	1	50.0	14	46.7
Problem Focused Disengagement	1	20.0	5	41.7	2	18.2	0	0.0	8	26.7
Emotion Focused Engagement	1	20.0	3	25.0	1	9.1	1	50.0	6	20.0
Emotion Focused Disengagement	0	0.0	0	0.0	2	18.2	0	0.0	2	6.7
Total	5	100.0	12	100.0	11	100.0	2	100.0	30	100.0

p = 0.546 (Not significant)

Table 29:

Coping Strategies Inventory	DrInC-INTRAPERSONAL										Total	
	Very Low		Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Problem Focused Engagement	1	50.0	6	60.0	5	71.4	1	12.5	1	33.3	14	46.7
Problem Focused Disengagement	0	0.0	2	20.0	2	28.6	3	37.5	1	33.3	8	26.7
Emotion Focused Engagement	1	50.0	1	10.0	0	0.0	3	37.5	1	33.3	6	20.0
Emotion Focused Disengagement	0	0.0	1	10.0	0	0.0	1	12.5	0	0.0	2	6.7
Total	2	100.0	10	100.0	7	100.0	8	100.0	3	100.0	30	100.0

p = 0.598 (Not significant)

Table 30:

Coping Strategies Inventory	DrInC-IMPULSE CONTROL						Total	
	Low		Medium		High			
	Count	%	Count	%	Count	%	Count	%
Problem Focused Engagement	2	25.0	8	57.1	4	50.0	14	46.7
Problem Focused Disengagement	2	25.0	4	28.6	2	25.0	8	26.7
Emotion Focused Engagement	4	50.0	0	0.0	2	25.0	6	20.0
Emotion Focused Disengagement	0	0.0	2	14.3	0	0.0	2	6.7
Total	8	100.0	14	100.0	8	100.0	30	100.0

p = 0.126 (Not significant)

Table 31:

Coping Strategies Inventory	DrInC-SOCIAL RESPONSIBILITY								Total	
	Low		Medium		High		Very High			
	Count	%	Count	%	Count	%	Count	%	Count	%
Problem Focused Engagement	0	0.0	2	66.7	5	31.3	7	70.0	14	46.7
Problem Focused Disengagement	0	0.0	0	0.0	7	43.8	1	10.0	8	26.7
Emotion Focused Engagement	1	100.0	1	33.3	2	12.5	2	20.0	6	20.0
Emotion Focused Disengagement	0	0.0	0	0.0	2	12.5	0	0.0	2	6.7
Total	1	100.0	3	100.0	16	100.0	10	100.0	30	100.0

p = 0.201 (Not significant)

DISCUSSION

PSYCHIATRIC MORBIDITY:

In our study, women whose husbands were alcohol dependent were more likely to suffer from mental disorders. The diagnoses were primarily mood and anxiety disorders. Major depressive disorder was the most common followed by Dysthymia, Suicidality and GAD.

There are very few Indian studies and even fewer have specifically examined the psychiatric disorders among wives of alcohol dependent men. These studies show that husband's drinking affected wives' health adversely, such that they suffered from various disorders like insomnia, depression and neurosis (Rae and Forbes, 1966).

High incidence of mood and anxiety disorders is similar to those reported in western literature. One striking finding in this study is the absence of substance abuse among spouses, (Ino.A, et al 1992 and James and Goldmann, 1971) which was found in the west.

The occurrence of mental illness in female spouses is not associated with increasing severity of alcohol dependence in this study. But available literature suggests that spouses who have mental illness had husbands who were more severely dependent.

No significance is found between the consequences of dependence in men and psychiatric diagnoses in their wives. A study done by Kishor, et al in 2012, shows spouses who were diagnosed to have mental illness were having husbands with greater negative consequences in various domains (physical, interpersonal, intrapersonal) attributable to alcohol consumption.

PSYCHOLOGICAL DISTRESS:

There is association between alcohol dependence in men and psychological distress in their spouses which is in agreement with previous studies. But increase in severity of dependence is not associated with increase in psychological distress among spouses. There are no earlier Indian studies available in this regard. Study done by Margaret Bailey in 1967

shows that the husbands' responsibilities taken over by the wives caused more psychological distress in addition to their drinking behaviour.

Evidence of psychological distress in wives is not associated with the negative consequences in various domains of alcohol dependence. This is dissimilar to previous Indian studies (Kishor and Lakshmi, 2012) which show that female spouses were distressed more if their husbands scored more on interpersonal, intrapersonal and social domains.

COPING STRATEGIES:

Regarding coping, the wives adopted Engagement strategies which were either Problem focused or Emotion focused. Among these, Problem focused engagement was more which includes problem solving and cognitive restructuring followed by Emotion focused engagement which includes social support and expressed emotions. This is in contrast to the previous studies (Orford and Guthrie, 1975 and Sathyanarayana Rao and Kuruvilla, 1992) which show discord, avoidance,

indulgence and fearful withdrawal as the common coping behaviours, while taking special action and assertion were less common.

Irrespective of the severity of alcohol dependence in husbands wives adopted the same coping mechanisms. This is in disagreement with previous studies which report progressive increase in all types of coping in female spouses depending on the intensity and frequency of alcoholism (James and Goldmann, 1971). They also reported high frequency of coping behaviour was associated with poor outcomes in alcohol dependent men.

Severity of alcohol dependence was associated with consequences in the physical domain, according to our study. Whereas earlier studies (Kishor, et al) have shown an association with two other domains in Drinkers Inventory of Consequences namely interpersonal and intrapersonal. No studies have demonstrated any association with the remaining

two domains - impulse control and social responsibility, like ours.

From this study it is evident that when a husband is alcohol dependent, his wife is subjected to emotional distress and she either develops a mental illness or adopts a coping mechanism by which they take an upper hand, get employed or share their emotions and run their family.

STRENGTH

1. This, being a case control study has more validity than a descriptive study.

2. Effect of consequences of alcohol dependence on psychological well-being and coping strategies has been studied. Only very few Indian studies have examined this aspect.

LIMITATION

1. Sample size is small.

2. Men who are separated or divorced were not included in the study.

3. Duration since marriage was not studied.

4. This study is done at the out-patient department of a tertiary mental health center so the sample may not be representative of the general population.

5. The validation of Tamil version of the questionnaires are still inadequate.

CONCLUSION

1. Wives of alcohol dependent men suffer more commonly from Major Depressive Disorder, Dysthymia, Suicidality and Generalised Anxiety disorders which are usually unattended.

2. Increasing severity of alcohol dependence is associated with physical consequences in alcohol dependent men.

3. Spouses of alcohol dependent men deal with the stressful situation actively by problem focused engagement or emotion focused engagement.

4. The alcohol dependence itself causes distress to the spouses and increasing severity of alcohol dependence in men is not associated with increasing psychological distress in their wives.

5. The severity of alcohol dependence in husbands neither altered the psychiatric diagnosis among their spouses nor was associated with any specific diagnosis.

6. The degree of severity of alcohol dependence in husbands did not change the coping patterns of their wives.

7. Whatever may be the severity of consequences of alcohol dependence of husbands in five domains namely physical, interpersonal, intrapersonal, social responsibility, impulse control their wives had the same psychological distress.

8. The consequences of alcohol dependence in various domains in men did not change the coping behaviours or psychiatric diagnosis in their wives.

FUTURE DIRECTIONS

- The psychological distress and the resulting psychiatric disorders which the spouses of alcohol dependent men face is considerable and these women express suicide wishes at some point of time. The high rates of distress and morbidity have to be addressed either as a part of alcohol treatment or independently. More over these females have to take up the additional responsibility of their husbands, for which they have to be mentally healthy.
- Such an initiative will not only address the needs of this marginalized population, but also enhance their effective engagement in the alcohol treatment process.
- A longitudinal study can be done after alcohol treatment, to compare the changes in coping behaviours and presence of psychiatric diagnosis.

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Annexure - 1

PSYCHIATRIC MORBIDITY AND COPING STRATEGIES AMONG SPOUSES OF ALCOHOL DEPENDENT MEN

CASE NO:

NAME					
AGE					
EDUCATION LEVEL (NO OF COMPLETED YEARS)	0-5 YEARS ☐ 5-10 YEARS ☐		11-12 YEARS ☐		
OCCUPATION	EMPLOYED ☐ UNEMPLOYED ☐				
INCOME (PER MONTH) IN RUPEES	<1000 ☐ 1000-5000 ☐		5000-10000 ☐ >10000 ☐		
RELIGION	HINDU ☐ MUSLIM ☐		CHRISTIAN ☐ OTHERS ☐		
DOMICILE	URBAN ☐ RURAL ☐				
DURATION OF ALCOHOL DEPENDENCE	<5 years 5-10years		10-15years >15years		
SADQ	MILD ☐ MODERATE ☐ SEVERE ☐				
DrInC	VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
PHYSICAL INTERPERSONAL INTRAPERSONAL IMPULSE CONTROL SOCIAL RESPONSIBILITY					

GENERAL HEALTH QUESTIONNAIRE	<15 ☐ 15-20 ☐ >20 ☐
MINI	
COPING STRATEGIES INVENTORY	PROBLEM FOCUSSED ENGEGEMENT ☐ PROBLEM FOCUSSED DISENGAGEMENT ☐ EMOTION FOCUSSED ENGAGEMENT ☐ EMOTION FOCUSSED DISENGAGEMENT ☐

ANNEXURE - 2

FOR OFFICE USE ONLY

_____ Study

_____ ID

_____ Point

_____ Date

_____ RAid

Drinker Inventory of Consequences (DrInC-2L)

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and circle the number that indicates whether this has *EVER* happened to you (0 = No, 1 = Yes). If an item does not apply to you, circle zero (0).

	Has this *EVER* happened to you? Circle one answer for each item.	**No**	**Yes**
1.	I have had a hangover or felt bad after drinking.	0	1
2.	I have felt bad about myself because of my drinking.	0	1
3.	I have missed days of work or school because of my drinking.	0	1
4.	My family or friends have worried or complained about my drinking.	0	1
5.	I have enjoyed the taste of beer, wine, or liquor.	0	1
6.	The quality of my work has suffered because of my drinking.	0	1
7.	My ability to be a good parent has been harmed by my drinking.	0	1
8.	After drinking, I have had trouble with sleeping, staying asleep, or nightmares.	0	1
9.	I have driven a motor vehicle after having three or more drinks.	0	1
10.	My drinking has caused me to use other drugs more.	0	1
11.	I have been sick and vomited after drinking.	0	1
12.	I have been unhappy because of my drinking.	0	1
13.	Because of my drinking, I have not eaten properly.	0	1
14.	I have failed to do what is expected of me because of my drinking.	0	1

Please continue on the next page.

	Has this *EVER* happened to you? **Circle one answer for each item.**	**No**	**Yes**
15.	Drinking has helped me to relax.	0	1
16.	I have felt guilty or ashamed because of my drinking.	0	1
17.	While drinking, I have said or done embarrassing things.	0	1
18.	When drinking, my personality has changed for the worse.	0	1
19.	I have taken foolish risks when I have been drinking.	0	1
20.	I have gotten into trouble because of drinking.	0	1
21.	While drinking or using drugs, I have said harsh or cruel things to someone.	0	1
22.	When drinking, I have done impulsive things that I regretted later.	0	1
23.	I have gotten into a physical fight while drinking.	0	1
24.	My physical health has been harmed by my drinking.	0	1
25.	Drinking has helped me to have a more positive outlook on life.	0	1
26.	I have had money problems because of my drinking.	0	1
27.	My marriage or love relationship has been harmed by my drinking.	0	1
28.	I have smoked tobacco more when I am drinking.	0	1
29.	My physical appearance has been harmed by my drinking.	0	1
30.	My family has been hurt by my drinking.	0	1
31.	A friendship or close relationship has been damaged by my drinking.	0	1
32.	I have been overweight because of my drinking.	0	1
33.	My sex life has suffered because of my drinking.	0	1
34.	I have lost interest in activities and hobbies because of my drinking.	0	1
35.	When drinking, my social life has been more enjoyable.	0	1
36.	My spiritual or moral life has been harmed by my drinking.	0	1

Please continue on the next page.

	Has this *EVER* happened to you? Circle one answer for each item.	**No**	**Yes**
37.	Because of my drinking, I have not had the kind of life that I want.	0	1
38.	My drinking has gotten in the way of my growth as a person.	0	1
39.	My drinking has damaged my social life, popularity, or reputation.	0	1
40.	I have spent too much or lost a lot of money because of my drinking.	0	1
41.	I have been arrested for driving under the influence of alcohol.	0	1
42.	I have had trouble with the law (other than driving while intoxicated) because of my drinking.	0	1
43.	I have lost a marriage or a close love relationship because of my drinking.	0	1
44.	I have been suspended/fired from or left a job or school because of my drinking.	0	1
45.	I drank alcohol normally, without any problems.	0	1
46.	I have lost a friend because of my drinking.	0	1
47.	I have had an accident while drinking or intoxicated.	0	1
48.	While drinking or intoxicated, I have been physically hurt, injured, or burned.	0	1
49.	While drinking or intoxicated, I have injured someone else.	0	1
50.	I have broken things while drinking or intoxicated.	0	1

DrInC Scoring Sheet

Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility	Control Scale*
1 _____					
		2 _____		3 _____	
	4 _____				5 _____
				6 _____	
	7 _____				
8 _____			9 _____		
			10 _____		
11 _____		12 _____			
13 _____				14 _____	15 _____
		16 _____			
	17 _____	18 _____	19 _____	20 _____	
	21 _____		22 _____		
			23 _____		
24 _____					25 _____
				26 _____	
	27 _____		28 _____		
29 _____	30 _____				
	31 _____		32 _____		
33 _____		34 _____			35 _____
		36 _____			
		37 _____			
		38 _____			
	39 _____			40 _____	
			41 _____		
			42 _____		
	43 _____			44 _____	45 _____
	46 _____		47 _____		
48 _____			49 _____		
			50 _____		
_____	+ _____	+ _____	+ _____	+ _____ =	_____ _____
Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility	Total DrInC Score / Control Scale*

INSTRUCTIONS: For each item, copy the circled number from the answer sheet next to the item number above. Then sum each column to calculate scale totals. Sum these totals to caclulate the total DrInC score.

* Zero scores on Control Scale items may indicate careless or dishonest responding. On version 2R (Recent Drinking), totals of 5 or less are suspect.

DrInC Profile Sheet

Profile form for MEN

LIFETIME (Ever) Consequences (2L)

DECILE SCORES	Total Score	Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility
10	43–45					
9 Very High	41–42					
8	39–40	8	10		10	
7 High	37–38				9	7
6	36	7	9		8	
5 Medium	33–35		8	8	7	6
4	31–32	6	7			
3 Low	28–30		6	7	6	5
2	23–27	5	5	6	4–5	4
1 Very Low	0–22	0–4	0–4	0–5	0–3	0–3
RAW SCORES:						

INSTRUCTIONS: Transfer the total scale scores from the DrInC Scoring Form to the raw score line at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

These interpretive ranges are based on a sample of 1,047 adult men presenting for treatment. Individual scores are therefore ranked as low, medium, or high *relative to men already presenting for treatment*. The normative data are from Project MATCH, a multisite clinical sample. For details of study design see:

Project MATCH Research Group. Rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcoholism: Clinical and Experimental Research* 17:1130–1145, 1993.

ANNEXURE 3

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONAIRE

Please recall a typical period of heavy drinking in the last 6 months.

During that period of heavy drinking

1. The day after drinking alcohol, I woke up feeling sweaty.

2. The day after drinking alcohol, my hands shook first thing in the morning.

3. The day after drinking alcohol, my whole body shook violently first thing in the morning if I didn't have a drink.

4. The day after drinking alcohol, I woke up absolutely drenched in sweat.

5. The day after drinking alcohol, I dread waking up in the morning.

6. The day after drinking alcohol, I was frightened of meeting people first thing in the morning.

7. The day after drinking alcohol, I felt at the edge of despair when I awoke.

8. The day after drinking alcohol, I felt very frightened when I awoke.

9. The day after drinking alcohol, I liked to have an alcoholic drink in the morning.

10. The day after drinking alcohol, I always gulped my first few alcoholic drinks down as quickly as possible.

11. The day after drinking alcohol, I drank more alcohol to get rid of the shakes.

12. The day after drinking alcohol, I had a very strong craving for a drink when I awoke.

13. I drank more than a quarter of a bottle of spirits in a day (OR 1 bottle of wine OR 8 units of beers).

14. I drank more than half a bottle of spirits per day (OR 1.5 bottles of wine OR 15 units of beer).

15. I drank more than one bottle of spirits per day (OR 3 bottles of wine OR 30 units of beer).

16. I drank more than two bottles of spirits per day (OR 6 bottles of wine OR 60 units of beer)

Imagine the following situation:

1. You have been **completely off drink for a few weeks**

2. You then drink **very heavily** for **two days**

How would you feel the **morning after** those two days of drinking?

17. I would start to sweat.

18. My hands would shake.

19. My body would shake.

20. I would be craving for a drink.

Scoring

Answers to each question are rated on a four-point scale:

Almost never / Not at all - 0

Sometimes /Slightly - 1

Often /moderately - 2

Nearly always /quite a lot - 3

A score of 31 or higher indicates "severe alcohol dependence".

A score of 16 -30 indicates "moderate dependence"

A score of below 16 usually indicates only a mild physical dependency.

ANNEXURE - 4

General Health Questionnaire

We want to know how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Circle the response that best applies to you. Thank you for answering all the questions.

Have you recently:

1. been able to concentrate on what you're doing?

better than usual (0) | same as usual (1) | less than usual (2) | much less than usual (3)

2. lost much sleep over worry?

Not at all (0) | no more than usual (1) | rather more than usual (2) | much more than usual (3)

3. felt that you are playing a useful part in things?

more so than usual (0) | same as usual (1) | less so than usual (2) | much less than usual (3)

4. felt capable of making decisions about things?

more so than usual (0) | same as usual (1) | less than usual (2) | much less than usual (3)

5. felt constantly under strain?

Not at all (0) | no more than usual (1) | rather more than usual (2) | much more than usual (3)

6. felt you couldn't overcome your difficulties?

Not at all (0) | no more than usual (1) | rather more than usual (2) | much more than usual (3)

7. been able to enjoy your normal day to day activities?

more so than usual (0) | same as usual (1) | less so than usual (2) | much less than usual (3)

8. been able to face up to your problems?

more so than usual (0) | same as usual (1) | less than usual (2) | much less than usual (3)

9. been feeling unhappy or depressed?

not at all	no more than usual	rather more than usual	much more than usual
(0)	(1)	(2)	(3)

10. been losing confidence in yourself?

not at all	no more than usual	rather more than usual	much more than usual
(0)	(1)	(2)	(3)

11. been thinking of yourself as a worthless person?

not at all	no more than usual	rather more than usual	much more than usual
(0)	(1)	(2)	(3)

12. been feeling reasonably happy, all things considered?

more so than usual	same as usual	less so than usual	much less than usual
(0)	(1)	(2)	(3)

General Health Questionnaire Scoring

Scoring – Likert Scale 0, 1, 2, 3 from left to right.
12 items, 0 to 3 each item
Score range 0 to 36.

Scores vary by study population. Scores about 11-12 typical.

Score >15 evidence of distress
Score >20 suggests severe problems and psychological distress

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

A. MAJOR DEPRESSIVE EPISODE

A1	Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks ?	NO	YES	1
A2	In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time ?	NO	YES	2
	IS **A1** OR **A2** CODED **YES** ?	➔ NO	YES	
A3	**Over the past two weeks, when you felt depressed and/or uninterested :**			
a	Was your appetite decreased or increased nearly every day or did your weight decrease or increase without trying intentionally ? (i.e., ± 5 % of body weight or ± 3,5 kg or ± 8 lbs., for a 70 kg / 120 lbs. person in a month) IF **YES** TO EITHER, CODE **YES**	NO	YES	3
b	Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning wakening, or sleeping excessively) ?	NO	YES	4
c	Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still, almost every day?	NO	YES	5
d	Did you feel tired or without energy, almost every day?	NO	YES	6
e	Did you feel worthless or guilty, almost every day?	NO	YES	7
f	Did you have difficulty concentrating or making decisions, almost every day?	NO	YES	8
g	Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead ?	NO	YES	9
A4	ARE **3** OR MORE **A3** ANSWERS CODED **YES** ? (OR **4 A3** ANSWERS IF **A1** OR **A2** ARE CODED **NO**)	**NO**	**YES**	***MAJOR DEPRESSIVE EPISODE CURRENT***
	IF PATIENT MEETS CRITERIA FOR MAJOR DEPRESSIVE EPISODE CURRENT :			
A5a	During your lifetime, did you have other periods of two weeks or more when you felt depressed or uninterested in most things, and had most of the problems we just talked about ?	➔ NO	YES	10
b	Was there an interval of at least 2 months without depression and/or lost of interest between your current episode and your last episode of depression ?	NO	YES	11
	IS **A5b** CODED **YES** ?	**NO**	**YES**	***MAJOR DEPRESSIVE EPISODE PAST***

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

A'. MAJOR DEPRESSIVE EPISODE WITH MELANCHOLIC FEATURES (optional)

IF THE PATIENT CODES POSITIVE FOR A MAJOR DEPRESSIVE EPISODE (**A4 = YES**), EXPLORE THE FOLLOWING :

A6 a	IS **A2** CODED **YES** ?	NO	YES	12
b	During the most severe period of the current depressive episode, did you lose your ability to respond to things that previously gave you pleasure, or cheered you up? **IF NO** : When something good happens does it fail to make you feel better, even temporarily ?	NO	YES	13
	➔ IS EITHER **A6a** OR **A6b** CODED **YES** ?	NO	YES	

Over the past two weeks period, when you felt depressed and uninterested :

A7 a	Did you feel depressed in a way that is different from the kind of feeling you experience when someone close to you dies ?	NO	YES	14
b	Did you fell regularly worse in the morning, almost every day ?	NO	YES	15
c	Did you wake up at least 2 hours before the usual time of awakening and have difficulty getting back to sleep, almost every day ?	NO	YES	16
e	IS **A3c** CODED **YES** ?	NO	YES	17
d	IS **A3a** CODED **YES** (ANOREXIA OR WEIGHT LOSS ONLY)?	NO	YES	18
f	Did you feel excessive guilt or out of proportion to the reality of the situation ?	NO	YES	19

ARE **3** OR MORE **A7** ANSWERS CODED **YES** ?

NO **YES**

MAJOR DEPRESSIVE EPISODE
With Melancholic Features
CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

B. DYSTHYMIA

IF PATIENT'S SYMPTOMS CURRENTLY MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE, DO NOT EXPLORE THIS MODULE

B1	Have you felt sad, low or depressed most of the time for the last two years ?	➔ NO	YES	20
B2	Was this period interrupted by your feeling OK for two months or more ?	NO	➔ YES	21
B3	**During this period of feeling depressed most of the time :**			
a	Did your appetite change significantly ?	NO	YES	22
b	Did you have trouble sleeping or sleep excessively ?	NO	YES	23
c	Did you feel tired or without energy ?	NO	YES	24
d	Did you lose your self-confidence ?	NO	YES	25
e	Did you have trouble concentrating or making decisions ?	NO	YES	26
f	Did you feel hopeless ?	NO	YES	27
	ARE **2** OR MORE **B3** ANSWERS CODED **YES** ?	➔ NO	YES	
B4	Did the symptoms of depression cause you significant distress or impair your ability to function at work, socially, or in some other important way ?	➔ NO	YES	28
	IS **B4** CODED **YES** ?	**NO**	**YES**	

DYSTHYMIA CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

C. SUICIDALITY

In the past month did you :

C1	Think that you would be better off dead or wish you were dead ?	NO	YES	1
C2	Want to harm yourself ?	NO	YES	2
C3	Think about suicide ?	NO	YES	3
C4	Have a suicide plan ?	NO	YES	4
C5	Attempt suicide ?	NO	YES	5

In your lifetime

C6	Did you ever make a suicide attempt ?	NO	YES	6

IS AT LEAST **1** OF THE ABOVE CODED **YES** ?

IF YES, **SPECIFY** THE LEVEL OF SUICIDE RISK AS FOLLOWS :

C1 or C2 or C6 = YES : LOW
C3 or (C2 +C6) = YES : MODERATE
C4 or C5 or (C3 + C6) = YES : HIGH

NO	**YES**

SUICIDE RISK
CURRENT

LOW	☐
MODERATE	☐
HIGH	☐

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

D. (HYPO) MANIC EPISODE

D1 a	Have you **ever** had a period of time when you were feeling "up" or "high" or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self ? (Do not consider times when you were intoxicated on drugs or alcohol) IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY "UP" OR "HIGH", CLARIFY AS FOLLOW : By "up" or "high" I mean : having elated mood, increased energy, needing less sleep, having rapid thoughts, being full of ideas, having an increase in productivity, creativity, motivation or impulsive behavior.	NO	YES	1
	IF YES :			
b	Are you currently feeling "up" or "high" or full of energy ?	NO	YES	2
	:			
D2a	Have you ever been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family ? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified ? (Do not consider times when you were intoxicated on drugs or alcohol)	NO	YES	3
	IF YES :			
b	Are you currently feeling persistently irritable ?	NO	YES	4
		➔		
	ARE **D1a** OR **D2a** CODED **YES** ?	NO	YES	

D3 IF D1B OR D2B = YES : EXPLORE ONLY **CURRENT** EPISODE
IF D1B AND D2B = NO : EXPLORE **THE MOST SYMPTOMATIC** PAST EPISODE

During the time(s) when you felt "high", full of energy or irritable did you :

a	Feel that you could do things others couldn't do, or that you were an especially important person ?	NO	YES	5
b	Need less sleep (e.g., feel rested after only a few hours sleep) ?	NO	YES	6
c	Talk too much without stopping, or so fast that people had difficulty understanding ?	NO	YES	7
d	Have thoughts racing?	NO	YES	8
e	Become easily distracted so that any little interruption could distract you ?	NO	YES	9
f	Become so active or physically restless that others were worried about you ?	NO	YES	10

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

g Want so much to engage in pleasurable activities that you ignored the risks or consequences (e.g., spending sprees, reckless driving, or sexual indiscretions) ? NO YES 11

ARE **3** OR MORE **D3** ANSWERS CODED **YES** ➔
OR **4** IF **D1a = NO** (PAST EPISODE) OR **D1b = NO** (CURRENT EPISODE) ? NO YES

D4 Did these symptoms last at least a week **and** cause significant problems at home, at work, or at school,
or were you hospitalized for these problems? NO YES 12
IF YES TO EITHER, CODE YES

IS **D4** CODED **NO** ?

IF YES, SPECIFY IF THE EPISODE EXPLORED IS CURRENT OR PAST

NO **YES**

HYPOMANIC EPISODE

CURRENT
PAST

IS **D4** CODED **YES** ?

IF YES, SPECIFY IF THE EPISODE EXPLORED IS CURRENT OR PAST

NO **YES**

MANIC EPISODE

CURRENT
PAST

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

E. PANIC DISORDER

E1	Have you, on more than one occasion, had spells or attacks when you **suddenly** felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way ? Did the spells peak within 10 minutes ? CODE YES ONLY IF THE SPELLS PEAK WITHIN 10 MINUTES	NO	YES	1
	IF **E1 = NO**, CIRCLE NO IN E5 AND SKIP TO F1			
E2	At any time in the past, did any of those spells or attacks come on unexpectedly or spontaneously, or occur in an unpredictable or unprovoked manner ? IF **E2 = NO**, CIRCLE NO IN E5 AND SKIP TO F1	NO	YES	2
E3	Have you ever had one such attack followed by a month or more of persistent fear of having another attack, or worries about the consequences of the attack ? IF **E3 = NO**, CIRCLE NO IN E5 AND SKIP TO F1	NO	YES	3
E4	**During the worst spell that you can remember :**			
a	Did you have skipping, racing or pounding of your heart ?	NO	YES	4
b	Did you have sweating or clammy hands ?	NO	YES	5
c	Were you trembling or shaking ?	NO	YES	6
d	Did you have shortness of breath or difficulty breathing ?	NO	YES	7
e	Did you have a choking sensation or a lump in your throat ?	NO	YES	8
f	Did you have chest pain, pressure or discomfort ?	NO	YES	9
g	Did you have nausea, stomach problems or sudden diarrhea ?	NO	YES	10
h	Did you feel dizzy, unsteady, lightheaded or faint ?	NO	YES	11
i	Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from, part or all of your body ?	NO	YES	12
j	Did you fear that you were losing control or going crazy ?	NO	YES	13
k	Did you fear that you were dying ?	NO	YES	14
l	Did you have tingling or numbness in parts of your body ?	NO	YES	15
m	Did you have hot flashes or chills ?	NO	YES	16
E5	ARE **4** OR MORE **E4** ANSWERS CODED **YES** ? IF **E5 = NO**, SKIP TO E7	NO	YES ***Panic Disorder Life time***	
E6	In the past month, did you have such attacks repeatedly (2 or more) followed by persistant fear of having another attack ? IF **E6 = YES**, SKIP TO F1	NO	YES ***Panic Disorder Current***	17
E7	ARE **1**, **2** OR **3 E4** ANSWERS CODED **YES** ?	NO	YES ***Limited Symptom Attacks Lifetime***	18

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

F. AGORAPHOBIA

F1 Do you feel anxious or particularly uneasy in places or situations from which escape might be difficult, and where help might not be available in case of panic attack, like being in a crowd, standing in a line (queue), when you are alone away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car ? NO YES 19

IF **F1 = NO**, CIRCLE NO IN F2

F2 Do you fear these situations so much that you avoid them, or suffer through them, or need a companion to face them ? NO YES

Agoraphobia Current

IS **F2** (CURRENT AGORAPHOBIA) CODED **NO**
and
IS **E6** (CURRENT PANIC DISORDER) CODED **YES** ?

NO **YES**

PANIC DISORDER without Agoraphobia CURRENT

IS **F2** (CURRENT AGORAPHOBIA) CODED **YES**
and
IS **E6** (CURRENT PANIC DISORDER) CODED **YES** ?

NO **YES**

PANIC DISORDER with Agoraphobia CURRENT

IS **F2** (CURRENT AGORAPHOBIA) CODED **YES**
and
IS **E5** (PANIC DISORDER LIFETIME) CODED **NO** ?

NO **YES**

AGORAPHOBIA without history of Panic Disorder CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

G. SOCIAL PHOBIA

G1	In the past month, were you fearful or embarrassed being watched, being the focus of attention, or fearful of being humiliated ? This includes situations like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.	➔ NO	YES	1
G2	Is this fear excessive or unreasonable ?	➔ NO	YES	2
G3	Do you fear these situations so much that you avoid them or suffer through them ?	➔ NO	YES	3
G4	Does this fear disrupt your normal work or social functioning or cause you significant distress ?	NO	YES	4

IS **G4** CODED **YES** ?

NO **YES**

SOCIAL PHOBIA
CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

H. OBSESSIVE-COMPULSIVE DISORDER

H1	In the past month, have you been bothered by recurrent thoughts, impulses or images that were unwanted, distasteful, inappropriate, intrusive or distressing ? (e.g., the idea that you were dirty, contaminated or had germs, **or** fear of contaminating others, **or** fear of harming someone even though you didn't want to, **or** fearing you would act on some impulse, **or** fear or superstitions that you would be responsible for things going wrong, **or** obsessions with sexual thoughts, images or impulses, **or** hoarding, collecting, **or** religious obsessions.) DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS. DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS, SEXUAL DEVIATIONS, PATHOLOGICAL GAMBLING, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY BECAUSE OF ITS NEGATIVE CONSEQUENCES.	NO	YES	1
	IF **H1 = NO**, SKIP TO H4			
H2	Did they keep coming back into your mind even when you tried to ignore or get rid of them ?	NO	YES	2
	IF **H2 = NO**, SKIP TO H4			
H3	Do you think that these obsessions are the product of your own mind and that they are not imposed from the outside ?	NO	YES	3
H4	In the past month, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, arranging things, or other superstitious rituals ?	NO	YES	4
	ARE **H3** OR **H4** CODED **YES** ?	➔ NO	YES	
H5	Did you recognize that either these obsessive thoughts and / or these compulsive behaviors you can not resist doing them, were excessive or unreasonable ?	➔ NO	YES	5
H6	Did these obsessive thoughts and / or compulsive behaviors significantly interfere with your normal routine, occupational functioning, usual social activities, or relationships, or did they take more than one hour a day ?	NO	YES	6
	IS **H6** CODED **YES** ?	**NO**	**YES**	

OBSESSIVE-COMPULSIVE DISORDER CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

I. POSTTRAUMATIC STRESS DISORDER (optional)

I1	Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else ? EX OF TRAUMATIC EVENTS : SERIOUS ACCIDENT, SEXUAL OR PHYSICAL ASSAULT, A TERRORIST ATTACK, BEING HELD HOSTAGE, KIDNAPPING, HOLD-UP, FIRE, DISCOVERNG A BODY, UNEXPECTED DEATH,, WAR, NATURAL DISASTER...	➔ NO	YES	1
I2	During the past month, have you re-experienced the event in a distressing way (i.e., dreams, intense recollections, flashbacks or physical reactions) ?	➔ NO	YES	2
I3	**In the past month :**			
a	Have you avoided thinking about the event, or have you avoided things that remind you the event ?	NO	YES	3
b	Have you had trouble recalling some important part of what happened ?	NO	YES	4
c	Have you become less interested in hobbies or social activities ?	NO	YES	5
d	Have you felt detached or estranged from others ?	NO	YES	6
e	Have you noticed that your feelings are numbed ?	NO	YES	7
f	Have you felt that your life would be shortened because of this trauma ?	NO	YES	8
	ARE **3** OR MORE **I3** ANSWERS CODED **YES** ?	➔ NO	YES	
I4	**In the past month :**			
a	Have you had difficulty sleeping ?	NO	YES	9
b	Were you especially irritable or did you have outbursts of anger ?	NO	YES	10
c	Have you had difficulty concentrating ?	NO	YES	11
d	Were you nervous or constantly on your guard ?	NO	YES	12
e	Were you easily startled ?	NO	YES	13
	ARE **2** OR MORE **I4** ANSWERS CODED **YES** ?	➔ NO	YES	
I5	During the past month, have these problems significantly interfered with your work or social activities, or caused significant distress ?	NO	YES	14
	IS **I5** CODED **YES** ?	**NO**	**YES**	

POSTTRAUMATIC STRESS DISORDER CURRENT

→ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

J. ALCOHOL ABUSE AND DEPENDENCE

J1	In the past 12 months, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions ?	→ NO	YES	1
J2	**In the past 12 months :**			
a	Did you need to drink more in order to get the same effect that you did when you first started drinking ?	NO	YES	2
b	When you cut down on drinking did your hands shake, did you sweat, or feel agitated ? Or, did you drink to avoid these symptoms or to avoid being hangover, e.g., "the shakes", sweating or agitation ? IF YES TO EITHER, CODE YES	NO	YES	3
c	During the times when you drank alcohol, did you end up drinking more than you planned when you started ?	NO	YES	4
d	Have you tried to reduce or stop drinking alcohol but failed ?	NO	YES	5
e	On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol ?	NO	YES	6
f	Did you spend less time working, enjoying hobbies, or being with others because of your drinking ?	NO	YES	7
g	Have you continued to drink even though you knew that the drinking caused you health or mental problems ?	NO	YES	8

ARE **3** OR MORE **J2** ANSWERS CODED **YES** ?

NO	**YES**
ALCOHOL DEPENDENCE CURRENT	

DOES THE PATIENT CODES POSITIVES FOR ALCOHOL DEPENDENCE ? NO → YES

J3	**In the past 12 months :**			
a	Have you been intoxicated, high, or hangover more than once when you had other responsibilities at school, at work, or at home ? Did this cause any problems ? CODE YES ONLY IF THIS CAUSED PROBLEMS	NO	YES	9
b	Were you intoxicated in any situation where you were physically at risk, e.g., driving a car, riding a motor bike, using machinery, boating, etc. ?	NO	YES	10

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

c Did you have any legal problems because of your drinking, e.g., an arrest or disorderly conduct ? NO YES 11

d Did you continue to drink even though your drinking caused problems with your family or other people ? NO YES 12

ARE **1** OR MORE **J3** ANSWERS CODED **YES** ?

NO **YES**

ALCOHOL ABUSE
CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

K. NON-ALCOHOL PSYCHOACTIVE SUBSTANCE USE DISORDERS

K1 Now I am going to show you (SHOW THE CARD OF SUBSTANCES) / to read to you a list (READ THE LIST BELOW) of street drugs or medicines. In the past 12 months, did you take any of these drugs, more than once, to get high, to feel better or to change your mood ?

➔ NO YES

CIRCLE EACH DRUG TAKEN :

Stimulants : amphetamines, « speed », crystal meth, « rush », Dexedrine, Ritalin, diet pills.
Cocaine : snorting, IV, freebase, crack, « speedball ».
Narcotics : heroin, morphine, dilaudid, opium, demerol, methadone, codeine, percodan, darvon.
Hallucinogens : LSD (« acid »), mescaline, peyote, PCP (« angel dust », « peace pill »), psilocybin, STP, « mushrooms », ecstasy, MDA, or MDMA.
Inhalants : « glue », ethyl chloride, nitrous oxide, (« laughing gas »), amyl or butyl nitrate (« poppers »).
Marijuana : hashish (« hash »), THC, « pot », « grass », « weed », « reefer ».
Tranquilizers : quaalude, Seconal (« reds »), Valium, Xanax, Librium, Ativan, Dalmane, Halcion, barbiturates, Miltown.
Miscellaneous : steroids, nonprescription sleep or diet pills. Any others ?

SPECIFY MOST USED DRUG(S) : _____

SPECIFY WHICH WILL BE EXPLORED IN CRITERIA BELOW **:**

- IF CONCURRENT OR SEQUENTIAL POLYSUBSTANCE USE :
  EACH DRUG (OR DRUG CLASS) USED INDIVIDUALLY
  MOST USED DRUG (OR DRUG CLASS) ONLY
- IF ONE DRUG (OR DRUG CLASS) USED :
  SINGLE DRUG (OR DRUG CLASS) ONLY

K2 **Considering your use of [NAME THE SELECTED DRUG / DRUG CLASS] in the past 12 months :**

a Have you found that you needed to use more of [NAME OF SELECTED DRUG / DRUG CLASS] to get the same effect than you did when you first started taking it ? NO YES 1

b When you reduced or stopped using [NAME OF SELECTED DRUG / DRUG CLASS] did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulty sleeping, or feeling agitated, anxious, irritable or depressed) ?
Or did you use any drug(s) to keep yourself from getting sick (WITHDRAWAL SYMPTOMS) or so that you would feel better ?
IF **YES** TO EITHER, CODE **YES** NO YES 2

c Have you often found that when you used [NAME OF SELECTED DRUG / DRUG CLASS], you ended up taking more than you thought you would ? NO YES 3

d Have you tried to reduce or stop taking [NAME OF SELECTED DRUG / DRUG CLASS] but failed ? NO YES 4

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

e On the days that you used [NAME OF SELECTED DRUG / DRUG CLASS], did you spend substantial time (>2 hours), obtaining, using or recovering from the effects, or thinking about it ? NO YES 5

f Did you spend less time working, enjoying hobbies, or being with family or friends, because of your drug use ? NO YES 6

g Have you continued to use [NAME OF SELECTED DRUG / DRUG CLASS] even though it caused you health or mental problems? NO YES 7

ARE **3** OR MORE **K2** ANSWERS CODED **YES** ?

SPECIFY DRUG(S) : _____

NO **YES**

DRUG(S) DEPENDENCE CURRENT

➔

DOES PATIENT CODES POSITIVE FOR DRUG DEPENDENCE ? NO YES

K3 **In the past 12 months :**

a Have you been intoxicated, high, or hangover from [NAME OF SELECTED DRUG / DRUG CLASS], more than once when you had other responsibilities at school, at work, or at home ? Did this cause any problem ? (CODE YES ONLY IF THIS CAUSED PROBLEMS) NO YES 8

b Have you been high or intoxicated from [NAME OF SELECTED DRUG / DRUG CLASS] in any situation where you were physically at risk (e.g., driving a car, or a motorbike, using machinery, boating, etc.) ? NO YES 9

c Did you have any legal problems because of your [NAME OF SELECTED DRUG / DRUG CLASS] use, e.g., an arrest or disorderly conduct ? NO YES 10

d Did you continue to use [NAME OF SELECTED DRUG / DRUG CLASS] even though it caused problems with your family or other people ? NO YES 11

ARE **1** OR MORE **K3** ANSWERS CODED **YES** ?

SPECIFY DRUG(S) : _____

NO **YES**

DRUG(S) ABUSE CURRENT

L. PSYCHOTIC DISORDERS

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE.
BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS « BIZARRE ».

DELUSIONS ARE BIZARRE IF : CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE RATED BIZARRE IF : A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

Now I'm going to ask you about unusual experiences that some individuals may experience.

				BIZARRE	
L1 a	Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you ?	NO	YES	YES	1
b	**IF YES** : Do you currently believe these things ?	NO	YES	YES → **L6a**	2
L2 a	Have you ever believed that someone was reading your mind or could hear your thoughts or that you could actually read or hear what another person was thinking ?	NO		YES	3
b	**IF YES** : Do you currently believe these things ?	NO		YES → **L6a**	4
L3 a	Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self ?Have you ever felt that you were possessed	NO		YES	5
b	**IF YES** : Do you currently believe these things ?	NO		YES → **L6a**	6
L4 a	Have you ever believed that you were being sent special messages through the TV, radio or newspaper, or that a person you did not personally know was particularly interested in you ?	NO	YES	YES	7
b	**IF YES** : Do you currently believe these things ?	NO	YES	YES → **L6a**	8
L5 a	Have your relatives or friends ever considered any of your beliefs strange or out of reality ? ANY DELUSIONAL IDEAS NON EXPLORED IN QUESTIONS L1 TO L4, E.G., OF GRANDIOSITY, RUIN, GUILT, HYPOCONDRIASIS,...	NO	YES	YES	9
b	**IF YES** : Do they currently consider your beliefs strange ?	NO	YES	YES	10
L6 a	Have you ever heard things other people couldn't hear, such as voices ? HALLUCINATIONS ARE CODED « BIZARRE » ONLY IF PATIENT ANSWERS YES TO THE FOLLOWING : Did you hear a voice commenting on your thoughts or behavior, or did you hear two or more voices talking to each other ?	NO	YES	YES	11
b	**IF YES** : Have you heard these things in the past month ?	NO	YES	YES → **L8b**	12

L7 a Have you ever had visions when you were awake or have you ever seen things other people couldn't see ? NO YES 13
CODE YES ONLY IF THE VISIONS ARE CULTURALLY INAPPROPRIATE.

b **IF YES** : Have you seen these things in the past month? : NO YES 14

INTERVIEWER'S JUDGMENT :

L8 b IS THE PATIENT CURRENTLY EXHIBITING INCOHERENCE, DISORGANIZED SPEECH, OR MARKED LOOSENING OF ASSOCIATIONS ? NO YES 15

L9 b IS THE PATIENT CURRENTLY EXHIBITING DISORGANIZED OR CATATONIC BEHAVIOR ? NO YES 16

L10b ARE NEGATIVE SYMPTOMS OF SCHIZOPHRENIA, E.G. SIGNIFICANT AFFECTIVE FLATTENING, POVERTY OF SPEECH (ALOGIA) OR AN INABILITY TO INITIATE OR PERSIST IN GOAL DIRECTED ACTIVITIES (AVOLITION), PROMINENT DURING THE INTERVIEW ? NO YES 17

L11 FROM **L1 TO L10** :
- ARE **1 OR MORE** « **b** » QUESTIONS CODED **YES BIZARRE** ?

OR
- ARE **2** OR MORE « **b** » QUESTIONS CODED **YES** (RATHER THAN YES BIZARRE) ?

NO **YES**

PSYCHOTIC SYNDROME CURRENT

L12 FROM **L1 TO L7** :
- ARE **1** OR MORE « **a** » QUESTIONS CODED **YES BIZARRE** ?

OR
- ARE **2** OR MORE « **a** » QUESTIONS CODED **YES** (RATHER THAN YES BIZARRE**)** ?

(CHECK THAT THE 2 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD)

OR
- IS **L11** CODED **YES** ?

NO **YES**

PSYCHOTIC SYNDROME LIFETIME

L13a IF L12 IS CODED YES OR AT LEAST ONE YES FROM L1 TO L7 :

DOES THE PATIENT CODE POSITIVE FOR EITHER
MAJOR DEPRESSIVE EPISODE (CURRENT OR PAST)
OR MANIC EPISODE (CURRENT OR PAST) ? ➔ NO YES

b You told me earlier that you had period(s) when you felt (depressed/ high/ persistently irritable).
Were the beliefs and experiences you just described (SYMPTOMS CODE YES FROM L1 TO L7) restricted exclusively to times when you were feeling depressed / high / irritable ? NO YES 18

IS **L13b** CODED **YES** ?

NO **YES**

MOOD DISORDER WITH PSYCHOTIC FEATURES CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

M. ANOREXIA NERVOSA

M1 a	How tall are you ?	|__|__|__|	Ft ☐ Ins ☐ Cm ☐	
b	What was your lowest weight in the past 3 months ?	|__|__|__|	Lbs. ☐ Kg ☐	
c	IS PATIENT'S WEIGHT LOWER THAN THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT ? SEE TABLE BELOW	➔ NO	YES	1

In the past 3 months :

M2	In spite of this low weight, have you tried not to gain weight ?	➔ NO	YES	2
M3	Have you feared gaining weight or becoming fat, even though you were underweight ?	➔ NO	YES	3
M4 a	Have you considered yourself fat or that part of your body was too fat ?	NO	YES	4
b	Has your body weight or shape greatly influenced how you felt about yourself ?	NO	YES	5
c	Have you thought that your current low body weight was normal or excessive ?	NO	YES	6
M5	ARE **1** OR MORE **M4** ANSWERS CODED **YES** ?	➔ NO	YES	
M6	FOR WOMEN ONLY : During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant) ?	➔ NO	YES	7

FOR WOMEN : ARE **M5** AND **M6** CODED **YES** ?
FOR MEN : IS **M5** CODED **YES** ?

NO **YES**

ANOREXIA NERVOSA CURRENT

TABLE HEIGHT / WEIGHT THRESHOLD (HEIGHT-WITHOUT SHOES ; WEIGHT-WITHOUT CLOTHING)

HEIGHT(cm)		140	145	150	155	160	165	170	175	180	185	190
WEIGHT (kg)	Females	37	38	39	41	43	45	47	50	52	54	57
	Males	41	43	45	47	49	51	52	54	56	58	61

THE WEIGHT THRESHOLDS ABOVE ARE CALCULATED AS A 15% REDUCTION BELOW THE NORMAL RANGE FOR THE PATIENT'S HEIGHT AND GENDER AS REQUIRED BY DSM-IV.

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

N. BULIMIA NERVOSA

N1	In the past three months, did you have eating binges or times when you ate a very large amount of food within a 2-hour period ?	➔ NO	YES	8
N2	In the last three months, did you have eating binges as often as twice a week ?	➔ NO	YES	9
N3	During these binges, did you feel that your eating was out of control ?	➔ NO	YES	10
N4	Did you do anything to compensate for, or to prevent a weight gain from these binges, like vomiting, fasting, exercising or taking laxatives, enemas, diuretics (fluid pills), or other medications ?	➔ NO	YES	11
N5	Does your body weight or shape greatly influence how you feel about yourself ?	➔ NO	YES	12
N6	DOES THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA ?	NO	YES	13
	IF **N6** = **NO**, SKIP TO **N8**			
N7	Do these binges occur only when you are under _____kg/lbs.* ?	NO	YES	14
	* TAKE THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT / WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE			

IS **N5** CODED **YES** AND **N7** CODED **NO** (OR SKIPPED) ?

NO **YES**

BULIMIA NERVOSA
CURRENT

IS **N7** CODED **YES** ?

NO **YES**

ANOREXIA NERVOSA
Binge-Eating/Purging Type
CURRENT

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

O. GENERALIZED ANXIETY DISORDER

O1 a	Have you worried excessively or been anxious about several things of day to day life, at work, at home, in your close circle over the past 6 months ? DO NOT CODE YES IF THE FOCUS OF THE ANXIETY IS CONFINED TO ANOTHER DISORDER EXPLORED PRIOR TO THIS POINT SUCH AS HAVING A PANIC ATTACK (PANIC DISORDER), BEING EMBARRASSED IN PUBLIC (SOCIAL PHOBIA), BEING CONTAMINATED (OCD), GAINING WEIGHT (ANOREXIA NERVOSA)...	➔ NO	YES	1
b	Are these worries present most days ?	➔ NO	YES	2
O2	Do you find it difficult to control the worries or do they interfere with your ability to focus on what you are doing ? FROM O3a TO O3f, CODE NO THE SYMPTOMS CONFINED TO FEATURES OF ANY DISORDER EXPLORED PRIOR TO THIS POINT	➔ NO	YES	2
O3	**When you were anxious over the past 6 months, did you, almost every day :**			
a	Feel restless, keyed up or on edge ?	NO	YES	3
b	Feel tense ?	NO	YES	4
c	Feel tired, weak or exhausted easily ?	NO	YES	5
d	Have difficulty concentrating or find your mind going blank ?	NO	YES	6
e	Feel irritable ?	NO	YES	7
f	Have difficulty sleeping (difficulty falling asleep, waking up in the middle of the night, early morning wakening or sleeping excessively) ?	NO	YES	8

ARE **3** OR MORE **O3** ANSWERS CODED **YES** ?

NO	**YES**
GENERALIZED ANXIETY DISORDER CURRENT	

➔ MEANS : **GO** TO THE DIAGNOSTIC BOX(ES) OF THIS MODULE, **CIRCLE NO** IN ALL OF THEM AND **MOVE** TO THE NEXT MODULE

P. ANTISOCIAL PERSONALITY DISORDER (optional)

P1 **Before you were 15 years old, did you :**

a	Repeatedly skip school or run away from home overnight ?	NO	YES	1
b	Repeatedly lie, cheat, « con » others, or steal ?	NO	YES	2
c	Start fights or bully, threaten, or intimidate others ?	NO	YES	3
d	Deliberately destroy things or start fires ?	NO	YES	4
e	Deliberately hurt animals or people ?	NO	YES	5
f	Force someone to have sex with you ?	NO	YES	6

ARE **2** OR MORE **P1** ANSWERS CODED **YES** ? ➔ NO YES

P2 DO NOT CODE YES THE BEHAVIORS BELOW IF THEY ARE EXCLUSIVELY POLITICALLY OR RELIGIOUSLY MOTIVATED

Since you were 15 years old, have you :

a	Repeatedly behaved in a way that others would consider irresponsible, like failing to pay for things you owed, deliberately being impulsive or deliberately not working to support yourself ?	NO	YES	7
b	Done things that are illegal even if you didn't get caught (i.e., destroying property, shoplifting, stealing, selling drugs, or committing a felony) ?	NO	YES	8
c	Been in physical fights repeatedly (including physical fights with your spouse or children) ?	NO	YES	9
d	Often lied or « conned » other people to get money or pleasure, or lied just for fun ?	NO	YES	10
e	Exposed others to danger without caring ?	NO	YES	11
f	Felt no guilt after hurting, mistreating, lying to, or stealing from others, or after damaging property ?	NO	YES	12

ARE **3** OR MORE ITEMS FROM **P2** CODED **YES** ?

NO **YES**

ANTISOCIAL PERSONALITY DISORDER LIFETIME

Appendix B

Coping Strategies Inventory
(Revised 1984)

Once again, take a few minutes to think about your chosen event. As you read through the following items please answer them based on how you handled your event.

Please read each item below and determine the extent to which you used it in handling your chosen event. Please do not mark on this inventory. Please use the provided answer sheet in the following manner.

a. Not at all
b. A Little
c. Somewhat
d. Much
e. Very much

1. I just concentrated on what I had to do next; the next step.
2. I tried to get a new angle on the situation.
3. I found ways to blow off steam.
4. I accepted sympathy and understanding from someone.
5. I slept more than usual.
6. I hoped the problem would take care of itself.
7. I told myself that if I wasn't so careless, things like this wouldn't happen.
8. I tried to keep my feelings to myself.
9. I changed something so that things would turn out all right.
10. I looked for the silver lining, so to speak; tried to look on the bright side of things.
11. I did some things to get it out of my system.
12. I found somebody who was a good listener.
13. I went along as if nothing were happening.
14. I hoped a miracle would happen.
15. I realized that I brought the problem on myself.
16. I spent more time alone.

17. I stood my ground and fought for what I wanted.

18. I told myself things that helped me feel better.

19. I let my emotions go. '

20. I talked to someone about how I was feeling.

21. I tried to forget the whole thing.

22. I wished that I never let myself get involved with that situation.

23. I blamed myself.

24. I avoided my family and friends.

25. I made a plan of action and followed it.

26. I looked at things in a different light and tried to make the best of what was available.

27. I let out my feelings to reduce the stress.

28. I just spent more time with people I liked.

29. I didn't let it get to me; 1 refused to think about it too much.

30. I wished that the situation would go away or somehow be over with.

31. I criticized myself for what happened.

32. I avoided being with people.

33. I tackled the problem head-on.

34. I asked myself what was really important, and discovered that things weren't so bad after all.

35. I let my feelings out somehow.

36. I talked to someone that I was very close to.

37. I decided that it was really someone else's problem and not mine.

38. I wished that the situation had never started.

39. Since what happened was my fault, I really chewed myself out. .

40. I didn't talk to other people about the problem.

41. I knew what had to be done, so I doubled my efforts and tried harder to make things work.

42. I convinced myself that things aren't quite as bad as they seem.

43. I let my emotions out.

44. I let my friends help out.

45. I avoided the person who was causing the trouble.

46. I had fantasies or wishes about how things might turn out.

47. I realized that I was personally responsible for my difficulties and really lectured myself.

48. I spent some time by myself.

49. It was a tricky problem, so 1 had to work around the edges to make things come out OK.

50. I stepped back from the situation and put things into perspective.

51. My feelings were overwhelming and they just exploded.

52. I asked a friend or relative I respect for advice.

53. I made light of the situation and refused to get too serious about it.

54. I hoped that if I waited long enough, things would turn out OK.

55. I kicked myself for letting this happen.

56. I kept my thoughts and feelings to myself.

57. I worked on solving the problems in the situation.

58. I reorganized the way I looked at the situation, so things didn't look so bad.

59. I got in touch with my feelings and just let them go.

60. I spent some time with my friends.

61. Every time I thought about it I got upset; so I just stopped thinking about it.

62. I wished I could have changed what happened.

63. 1t was my mistake and I needed to suffer the consequences.

64. I didn't let my family and friends know what was going on.

65. I struggled to resolve the problem.

66. I went over the problem again and again in my mind and finally saw things in a different light.

67. I was angry and really blew up.

68. I talked to someone who was in a similar situation.

69. I avoided thinking or doing anything about the situation.

70. I thought about fantastic or unreal things that made me feel better.

71. I told myself how stupid I was.

72. I did not let others know how I was feeling.

Scoring

Current scoring practices for the CSI involve giving all items in a particular subscale equal weights. To obtain the raw score for a subscale, simply add the item scores.

Some people may prefer to look at secondary or tertiary scores rather than the individual coping strategies (primary scales). Investigators are advised to restrict hypothesis testing to only one factor level (primary vs. secondary vs. tertiary) at a time. Researchers who elect to enter all 14 subscales into the same multivariate analysis will face the problem of collinearity between the scales.

Primary Subscales: There are nine items in each of the primary subscales. Raw scale scores are calculated simply by adding the Likert responses of the items for a particular subscale together (see *Table 1*).

Table 2
Primary Subscale Items

Problem Solving	1,9,17,25,33,41,49,57,65
Cognitive Restructuring	2,10,18,26,34,42,50,58,66
Express Emotions	3,11,19,27,35,43,51,59,67
Social Support	4,12,20,28,36,44,52,60,68
Problem Avoidance	5,13,21,29,37,45,53,61,69
Wishful Thinking	6,14,22,30,38,46,54,62,70
Self Criticism	7,15,23,31,39,47,55,63,71
Social Withdrawal	8,16,24,32,40,48,56,64,72

INFORMED CONSENT FORM

Title of the study -

Name of the participant: _____

Name of the Principal/Co-Investigator: _____

Name of the Institution: _____

Name and address of the sponsor / agency(ies), if any: _____

I,_____(name of participant), have read the information in this form (or it has been read to me). I was free to ask any questions and they have been answered. I am over 18 years of age and, exercising my free power of choice, hereby give my consent to be included as a participant in ___ " (title of the study)

(1) I have read and understood this consent form and the information provided to me.

(2) I have had the consent document explained to me.

(3) I have been explained about the nature of the study.

(4) I have been explained about my rights and responsibilities by the investigator.

(5) I have informed the investigator of all the treatments I am taking or have taken in the past _____ months including any native (alternative) treatments.

(6) I have been advised about the risks associated with my participation in the study.✶

(7) I agree to cooperate with the investigator and I will inform him/her immediately if I suffer unusual symptoms.✶

(8) I have not participated in any research study within the past _____ month(s).✶

(9) [I have not donated blood within the past _____months -- Add if the study involves extensive blood sampling]✶

(10) I am aware of the fact that I can opt out of the study at any time without having to give any reason and this will not affect my future treatment in the hospital.✶

(11) I am also aware that the investigators may terminate my participation in the study at any time, for any reason, without my consent.✶

(12) I hereby give permission to the investigators to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities, Government agencies, and ethics committee. I understand that they may inspect my original records.

(13) I understand that my identity will be kept confidential if my data are publicly presented.

(14) I have had my questions answered to my satisfaction.

(15) I consent voluntarily to participate as a participant in the research study.

I am aware, that if I have any questions during this study, I should contact the investigators. By signing this consent from, I attest that the information given in this document has been clearly explained to me and understood by me. I will be given a copy of this consent document.

For adult participants

Name and signature / thumb impression of the participant (or legal representative if participant incompetent):

(Name) _____(Signature)_____ Date: _____

Name and signature of impartial witness (required for illiterate patients):

(Name) _____ (Signature)_____ Date:_____

Address and contact number of the impartial witness: _____

Name and signature of the Investigator or his representative obtaining consent:

(Name) _____ (Signature)_____ (Date)_____

For children being enrolled in research

Whether child's assent was asked: Yes No (Tick one)

[If the answer to the above question is Yes, write the following phrase:

You agree with the manner in which assent was asked for from your child and given by your child.

You agree to have your child take part in this study.]

[If answer to the above question is No, give reason(s):_____

Although your child did not or could not give his or her assent, you agree to your child's participation in this study.]

Name and signature / thumb impression of the participant's parent(s) (or legal representative):

(Name) _____ (Signature)_____ Date: _____

(Name) _____ (Signature)_____ Date: _____

Name and signature of impartial witness (required if parents of participant child illiterate):

(Name) _____ (Signature)_____ Date:_____

Address and contact number of the impartial witness: _____

_____

Name and signature of the Investigator or his representative obtaining consent:

(Name) _____ (Signature)_____ (Date)_____

NOTE-

For observational studies in nature or those in which only patient's tissue, body fluids are collected for any kind of analysis, the following elements in the patient information leaflet will need be included - background of the study; the purpose for which the sample will be used; confidentiality of data and right to refuse to give specimens should be included.

Points 6,7,8,9,10,11, of consent document may be excluded in such cases.

INFORMATION SHEET

- We are conducting a study on coping strategies and psychiatric comorbidity among spouses of alcohol dependent men at Institute of Mental Health, Kilpauk, Chennai.
- The purpose of this study is to diagnose psychiatric morbidity and identify the coping methods adapted by the spouses of men who are alcohol dependent thereby treating the female spouses modifying the management plan among alcohol dependent men.
- You have been selected for the study and scales will be administered to you and your spouse in one or two sittings and the results will be analysed and informed to you.
- The privacy of the patients in the research will be maintained throughout the study. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.
- Taking part in this study is voluntary. You are free to decide whether to participate in this study or to withdraw at any time; your decision will not result in any loss of benefits to which you are otherwise entitled.
- The results of the special study may be intimated to you at the end of the study period or during the study if anything is found abnormal which may aid in the management or treatment.

Signature of investigator Signature of the participant

Date :

ஆராய்ச்சி ஒப்புதல் படிவம்

ஆராய்ச்சியின் தலைப்பு : மதுப்பழக்கத்திற்கு அடிமையானவர்களின் மனைவிகளுக்கு ஏற்படும் மனநோய்கள் மற்றும் அவர்களின் அனுசரிக்கும் திறன் பற்றிய ஆய்வு

பங்குகொள்வரின் பெயர் :

ஆராய்ச்சி செய்பவரின் பெயர் : மரு. இ. புவனேஸ்வரி

மருத்துவ நிலையம் : அரசு மனநல காப்பகம், சென்னை

_____எனும் நான் எனக்கு கொடுக்கப்பட்ட தகவல் தாளினை படித்து புரிந்துகொண்டேன். நான் 18 வயதை கடந்திருப்பதால் என்னுடைய சுய நினைவுடனும் மற்றும் முழு சுதந்திரத்துடனும் இந்த ஆராய்ச்சியில் என்னைச் சேர்த்துக்கொள்ள சம்மதிக்கிறேன்.

நான் எனக்கு கொடுக்கப்பட்ட தகவல் தாளினை படித்து புரிந்துகொண்டேன்.

எனக்கு இந்த ஆராய்ச்சியின் ஒப்புதல் படிவம் விளக்கப்பட்டது.

எனக்கு இந்த ஆராய்ச்சியின் நோக்கமும், விவரங்களும் விளக்கப்பட்டது.

எனக்கு என்னுடைய உரிமைகளை பற்றி விளக்கப்பட்டது.

நான் இதுவரை எடுத்துக்கொண்ட அணைத்து மருத்துவ முறைகளைப் பற்றி தெரிவித்திருக்கிறேன்.

இந்த ஆராய்ச்சியில் இருந்து நான் எந்நேரமும் பின் வாங்கலாம் என்பதையும் அதனால் எந்த பாதிப்பும் எற்படாது என்பதையும் நான் புரிந்துகொண்டேன்.

என்னை பற்றிய எந்த தகவல்களும் அடையாளமும் வெளியிடபட மாட்டாது என்பதை நான் புரிந்துகொண்டேன்.

என்னுடைய முழு சுதந்திரத்துடனும் இந்த ஆராய்ச்சியில் என்னைச் சேர்த்துக்கொள்ள சம்மதிக்கிறேன்.

பங்கேற்பாளர் பெயர் மற்றும் கையொப்பம்:_____&_____

நாள்:_____

பாதுகாவலர் பெயர் மற்றும் கையொப்பம்: _____&_____

நாள்:_____

ஆராய்ச்சியாளரின் பெயர் மற்றும் கையொப்பம்:_____&_____ நாள்:-

_____